

Panoramic Counseling, L.L.C.

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Louisville, CO 80027

PSYCHOTHERAPY DISCLOSURE STATEMENT AND SERVICE AGREEMENT

This document outlines some important information about my background and psychotherapy in general. It helps clarify roles, expectations, and agreements in an effort to contribute to a positive experience. **Please read thoroughly.**

Credentials & Memberships

- Masters of Social Work – Colorado State University
- Licensed Clinical Social Worker (Colorado License # 797)
- Member, National Association of Social Workers
- Member, American Society for Clinical Hypnosis

My Approach to Counseling

I work with individual adults and older adolescents (16+) who are coping with a wide variety of life challenges including depression, anxiety, acute or chronic illness, physical pain, caregiver stress, sleep difficulties, divorce, trauma, role changes, and life transitions.

My primary orientation is towards solution-focused brief therapy that includes the use of mind-body approaches (EMDR, EFT and clinical hypnosis) and cognitive-behavioral therapy. I will regularly assign homework assignments to clients with the expectation that they are completed prior to the next session. Homework assignments may include task assignments, journaling, relationship experiments, or other agreed-upon projects.

Your active involvement in our work together is essential to changing your thoughts, feelings, behaviors and skills. Although therapy often involves a considerable investment of time, energy, and money, the benefits can be substantial in terms of both symptom relief and more enduring change.

It is impossible to guarantee any specific results regarding your psychotherapy goals; however, I am committed to working collaboratively with you to achieve the best possible outcomes. You have the freedom to withdraw from therapy at any time, and I will advise you if for any reason, in my professional opinion, I cannot help you using the knowledge and techniques I have available. I will also provide you with referrals for other psychotherapists.

Confidentiality

Your active involvement and open disclosure are essential to the therapeutic process; therefore, information you share with me will be kept strictly confidential and will not be disclosed without your written consent. The privacy and confidentiality of our work and your records are a privilege of yours and are protected by state law and my profession's ethical code.

There are several important situations when I am legally and ethically required to go outside the context of the therapeutic relationship. These are:

- a.) If you communicate to me a serious threat of violence toward someone, I must warn that person and the police.
- b.) If I have reasonable suspicion that a child, a helpless adult, or an elder is being abused, I must report it to the appropriate agency.
- c.) If during a legal proceeding a patient brings into evidence his or her own psychotherapy, the court will waive privilege in requesting therapy records, as well as the possible testimony from the therapist.

There are some instances in which I have the legal option of going outside the therapeutic relationship. These are:

- a.) If I believe a client is a danger to himself or herself or others, or is gravely disabled, I must do whatever I can within the limits of the law to ensure that that person is not injured, does not injure others, and receives proper medical care. Under these circumstances I may communicate with the persons you list on this form as emergency contacts, and/or I may arrange for the client to be transported to the hospital.
- b.) If a client refuses to pay his or her balance, the necessary information can be given to a collection agency or to a small claims court.
- c.) As part of my professional development and in order to provide the highest quality service, I may work with a psychotherapy supervisor or participate in consultations with colleagues. If I need to discuss your treatment with a colleague or supervisor, I will disguise identifying information and not use your name. Otherwise, I will not tell anyone anything about your record with me, including treatment, diagnosis, history, or even that you are a client without your full knowledge and a signed Authorization to Disclose Healthcare Information.

Please review the HIPAA Notice of Privacy Practices for more information regarding confidentiality.

Telephone and Emergency Procedures

If you need to contact Ms. Zeitz between sessions, please leave a message at **303-217-0016**, and your call will be returned as soon as possible but no later than 2 business days. Messages are checked less frequently during vacation and holidays. If an emergency situation arises, please indicate it clearly in your message. If you are experiencing a mental health emergency, please

also call 911 or the **Colorado Crisis and Support Line: 844-493-TALK (8255)**, or go to your local emergency room.

Electronic Communication Policy

E-mailing and texting can put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and clinical information. Please be aware that employers are legally allowed to access any information you communicate using the employer's technology equipment. This includes any communication you engage in via the employer's phone, computer or wifi network. It is strongly advised that you use your personal technology equipment and personal wifi network to communicate with me.

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with me should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters because this is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Email and text messaging should not be used to communicate with me in an emergency situation. I make every effort to respond to emails, texts] and phone calls within 24 hours, except on weekends and holidays.

Billing & Payment Policy

For clients using insurance, my billing office is HMS Midwest, LLC (219-926-8320). They are responsible for billing for my services and will send you invoices for your portion of payment due.

For private pay clients, payment is due at time of each session unless other formal agreement is established. All private pay clients will be required to have a current credit or debit card on file, which will be charged for late cancellations, missed appointments, and/or unpaid balances over 60 days late. In circumstances of financial hardship, a payment installment plan or a sliding scale fee may be negotiated. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Panoramic Counseling, L.L.C. has the option of using legal means to secure the payment. This may involve a collection agency or going through small claims court, which may require disclosure of otherwise confidential information. In most collection situations, the only information released regarding a client's treatment is his or her name, the nature of services provided, and the amount due.

You may use your Flex Spending Plan or Health Savings Account Plan. You may also use your out-of-network health insurance benefits, however, you will be responsible for the full fee at the time of service, and your insurance company will reimburse you directly. Receipts will be provided as needed/requested. **[A statement of diagnosis of mental health condition is often required in order to receive reimbursement from third-parties; when diagnosis is utilized for billing a third-party this diagnosis becomes part of the client's record.]**

Cancellation/Missed Appointment Policy

Since scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 24 hours notice is required for rescheduling or canceling an appointment. Except in the case of emergency, a fee of \$50 will be charged for sessions missed or rescheduled without such notification. Insurance does not cover these fees, so this will be an out of pocket expense.**

Explanation of Dual Relationships

The client's concerns and well-being are of the utmost importance to me. Because of the inherently vulnerable position of a client in psychotherapy, the relationship between therapist and client is one that calls for added protection against exploitation. It is with this concern in mind that, as your psychotherapist, I am legally and ethically required to maintain our relationship in a professional manner, avoiding dual relationships that could impair professional judgment or increase the risk of harm. Our relationship may only be a professional one, that of therapist and client. I am prohibited from developing any other kind of relationship with you, such as a business relationship, a social relationship, or a sexual relationship.

Complaint Procedures

Keep in mind that our work is focused on your needs; therefore, if you have concerns about the course of therapy or are dissatisfied with any aspect of our work, please let me know immediately. This will make our work more effective and efficient. If you think that you have been treated unfairly or unethically, by me or any other counselor, and cannot resolve this problem with me, you can contact the State of Colorado Department of Regulatory Agencies (1560 Broadway, Ste 110 Denver, CO 80202 | 303-894-7855) for clarification of clients' rights as I have explained them or to lodge a complaint.

If you have any questions, please feel free to ask.

I have read and agree to this Psychotherapy Service Agreement and Disclosure Statement.

Client Signature

Date