

Valley-Wide Health Systems 128 Market Street, Alamosa, CO 81101 (719) 589-3658 24/7 Colorado Crisis Support Line 1-844-493-TALK (8255)

Integrated Behavioral Health Services

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The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations under the Colorado Department of Regulatory Affairs (DORA).

The Board of Licensed Professional Counselor Examiners and the Board of Addiction Counselor Examiners regulates the licenses of the above provider.

All boards described above can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202 (303) 894-7800.

- An Unlicensed Psychotherapist is listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- Certified Addiction Specialists (formally Certified Addiction Counselor II) must be a high school graduate and complete additional required training hours and 3,000 hours of supervised experience.
- Certified Addiction Specialist (formally Certified Addiction Counselor III) must have a bachelor's degree in
- Behavioral health, complete additional required training hours and 5,000 hours of supervised experience.
- Licensed Addiction Counselor must have a clinical master's degree, pass a national examination and meet the Certified Addiction Specialists' requirements.
- A Licensed Social Worker must hold a master's degree from a graduate school of social work and pass an examination in social work.
- A Licensed Clinical Social Worker must hold a mater's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years supervised, and pass an examination in social work.
- A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- A Licensed Marriage and Family Therapist must hold a master's or doctoral degree in marriage and family counseling, have at least two years post-master's or one-year post-doctoral practice, and pass an exam in marriage and family therapy.

- A Licensed Professional Counselor must hold a master's or doctoral degree in professional counseling, have at least two years post-master's or one-year post-doctoral practice, and pass an exam in professional counseling.
- A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass an examination in psychology.

We provide services in accordance with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fees structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate, is illegal in Colorado, and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.
- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-245-220 of the Colorado Revised Statutes, the HIPAA Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report suspected child/elder abuse, or intent to harm to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of the other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.
- You are entitled to discontinue services with your therapist at any time and at your discretion. All requests will be clinically reviewed.

Limits of Confidentiality

The contents of a counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian. It is the policy of this clinic not to release any information about a patient without a signed release of information. Treatment records may not be retained beyond seven years (12-245-226(I)(a)(II)(A). Noted exceptions are as follows:

Duty to Warn and Protect

When a patient discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the patient discloses or implies intent for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the patient.

Abuse of Children and Vulnerable Adults

If a patient states or suggests that he/she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of

abuse, the health care professional is required to report this information to the appropriate social service agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Professional Misconduct

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

Court Orders

Health care professionals are required to release records of patients when a court order has been placed.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor patients have the right to access the patients' records. However, this only applies to children aged 11 and younger. Children aged 12 and older have the right to obtain mental health services without parental consent and have the right to confidentiality as provided by law.

Other Provisions

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the patient's credit report may state the amount owed, time frame, and the name of the clinic.

Insurance companies and other third-party payers are given information that they request regarding services to patients. Information that may be requested includes types of services, date/time of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries. As part of the treatment team of clinical providers that includes nurses and medical providers at Valley-Wide Health Systems, Inc. therapists may share information about patients with this team in order to provide the best possible treatment.

Information about patients may be disclosed in consultations with non-Valley-Wide Health Systems, Inc. professionals in order to provide the best possible treatment. In such cases the name of the patient, or any identifying information, is not disclosed. Patients are entitled to reasonable access to view their records in the presence of a therapist and/or supervisor.

Valley-Wide Behavioral Health Providers may provide behavioral health services virtually (by telephone or via an online platform). Any Behavioral Health Provider may reach out to any Valley-Wide patient to provide quicker access to care.

Acknowledgement

I acknowledge that I have reviewed the following items and have been offered a hard copy if I wish to have one.

Disclosure Statement: Which includes information about the **Integrated Behavioral Health** provider's degrees, credentials, licenses, and methods of therapy including duration of therapy when known.

Limits of Confidentiality: Which includes my rights regarding confidentiality and when my Behavioral Health Provider is required to disclose information about me.

Billing and Costs of Services: If services are billable to insurance, I authorize Valley-Wide to bill insurance as appropriate.

Printed Patient Name	Date Of Birth	Date	
Patient Signature (or Parent/Guardian)			