



MANDATORY DISCLOSURE STATEMENT, PATIENT CONSENT, & OFFICE POLICIES

Mental health care professionals are required by law to provide certain information to each patient (or, in the case of minors, to their legal guardian) during the initial contact, except in emergencies and court ordered situations. Additionally, it is important to me that I clearly communicate to you my general office policies at the beginning of our working relationship. Please read this document carefully, and do not hesitate to ask me clarifying questions or to express any concerns you have.

1. **Therapist name, credentials, and contact information:**
Aviva Bass-Huh, Psy.D., Licensed Clinical Psychologist (CO #3039)
6658 Gunpark Drive, Suite 202B, Boulder, CO 80301 (720)938-3423
2. **Concerns or complaints:** The practice of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. If you have any concerns or complaints about mental health practitioners, you can contact the State Grievance Board at: 1560 Broadway, Suite 1340, Denver, CO 80202; telephone 303/894-7766. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.
3. **Confidentiality:** Any information that you provide during the course of evaluation or treatment is strictly confidential and legally protected “privileged communication.” As such, I will not release information to any other person or agency without your consent and knowledge, except:
 - a. If I am directed by a judge in a court of law to reveal information, I am obligated to comply.
 - b. If I acquire knowledge or suspicion of current or future abuse of a child or dependent adult, I am legally required to report my knowledge or suspicion to the appropriate authorities.
 - c. If I believe that you are an imminent danger to yourself, I am required by law to take action to protect you. This may include psychiatric hospitalization and/or notifying the police or a loved one of your circumstances.
 - d. If I believe that you are a serious and imminent threat to another person, or to people at a particular location, I have a legal duty to warn that person and/or notify the police.
 - e. If you fail to pay your bill and decline to make arrangements with me to pay an outstanding balance, I reserve the right to employ a collection agency.
 - f. I may consult with other mental health professionals, without disclosing your identity, in order to provide you with the best possible care. Any individual with whom I consult will be a licensed professional who is bound by the same laws of confidentiality that bind me.



4. Additional mandatory disclosure information:

- a. You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. Please don't hesitate to ask me questions about your treatment as they arise.
- b. You may seek a second opinion from another therapist or may terminate therapy at any time.
- c. In a professional relationship, sexual intimacy is never appropriate and should be reported to the State Grievance Board.

5. Fees & Payment: My fee for a 60-minute session or observation is \$160 (sessions or observations of other durations are pro-rated at \$160 per 60 minutes). Payment is due at the end of each session unless other arrangements are made. I accept cash, checks, and credit card (MC, Visa, Discover, and Amex). Please notify me as soon as possible if, during the course of therapy, any problems arise regarding your ability to make timely payment.

In the event that I will need to travel to a client's home, school, or other location for assessment, observation, or treatment, my fee for the travel time is \$160/hour. Travel times of other durations are pro-rated at \$160/hour.

The scheduling of an appointment involves the reservation of time specifically for us. To avoid being charged, please inform me of cancellations at least 24 hours in advance. You will be charged \$160 for any cancellations made with less than 24 hours' notice and for missed appointments.

6. Insurance: My services are rendered and billed to my patients, not to insurance companies. I am not on insurance panels and do not submit claims to insurance companies. If you have out-of-network benefits and would like to file for reimbursement, I will provide you with the information that you will need (e.g., diagnosis, billing code) in the form of a monthly invoice. It is your responsibility to determine whether, and how much, you will be reimbursed, and to file claims with your insurance company. Please remember that I will expect you to pay at the time of our session, and know that there may be significant lag time before you receive any reimbursement. Also know that filing insurance, flexible spending account, or health savings account claims compromises your confidentiality. Should it become necessary for me to communicate or file paperwork (e.g., a treatment plan) with your insurance company on your behalf, the following billing structure will be employed: the first 10 minutes will be free of charge; any additional time spent (e.g., on the phone; preparing or transmitting documents) will be charged at my standard hourly rate on a prorated basis.

7. Out-of-Session Communications: I make most business calls from a cellular telephone. If you are not comfortable with the level of privacy offered on cellular devices, you may want to limit phone calls to non-sensitive matters. I use my cellular phone with the same level of regard for privacy as I would a land line; that is, I will only answer in private and professional settings. For less-sensitive communications, such as scheduling issues, you are welcome to use text messaging or email if you prefer that over calling.

If you have signed a release to allow me to communicate with people outside of the immediate family (e.g., teacher, physician) and there is a need for this communication, I will not charge communications lasting less than 15 minutes. Any communication beyond 15 minutes will be pro-rated at \$160/hour. The same rate applies to communications between you and me that occur outside of sessions.



I check messages regularly throughout the day and it is important to me to return calls promptly. While in most cases, I will return calls within 24 hours, I do not guarantee this. In addition, I will not return calls when I am in session with other patients. If you cannot wait for my return call you can call the 24-hour crisis line operated by Mental Health Partners (303/447-1665), or you can call 911 or go to your local emergency room. If I am out of town and unavailable for calls, the outgoing message on my phone will instruct you to call another qualified professional who has agreed to take calls for me.

By signing below you are indicating that you have read the preceding information, have had an opportunity to ask questions, and understand your rights as a therapy client or as the client's responsible party as well as my general office policies.

Child's Name (Printed)

Date

Responsible Party's Signature

State your relationship to the client

NOTIFICATION OF NON-ACCEPTANCE OF MEDICARE/MEDICAID

By signing below you are acknowledging that you have been informed by Dr. Aviva Bass-Huh, licensed clinical psychologist, that she does NOT accept assignment for Medicare or Medicaid patients. As an individual insured by Medicare and/or Medicaid, you do hereby voluntarily choose to seek and/or continue treatment with Dr. Bass-Huh by paying for such services out-of-pocket at her customary rates. You agree not to bill Medicare/Medicaid for such services. If you have secondary insurance, you understand that it will not pay for services that have not already been billed to Medicare, and thus will not cover services offered by Dr. Bass-Huh. You also are acknowledging that you are aware that you could otherwise seek treatment from a clinical psychologist who does accept assignment on Medicare/Medicaid patients at a lower cost to you, but you choose not to do so.

Responsible Party's Signature

Date