

# Mindful Health Advantage, LLC

8015 W. Alameda Avenue, Suite 230  
Lakewood, CO 80226

## CLIENT ADDRESS, CONTACT & FINANCIAL INFORMATION

### PRIMARY CLIENT INFORMATION

_____ Last Name	_____ First Name	_____ M.I.	_____ Date of Birth
_____ Ethnicity	_____ Primary Phone No. (Home or Cell)		OK to call and leave message? Yes or No
_____ Address	_____ Unit No.	_____ Secondary Phone No. (Home or Cell)	OK to call and leave messages? Yes or No
_____ City	_____ State	_____ Zip	
_____ Employed by	_____ Occupation		
_____ How did you hear about our services (or referred by)?			

### PERSON FINANCIALLY RESPONSIBLE

Relationship to Client (Please circle your answer)  
1) Self      2) Spouse      3) Parent/Guardian      4) Other \_\_\_\_\_

_____ Last Name	_____ First Name	_____ M.I.	_____ Date of Birth	
_____ Address	_____ Unit No.	_____ Primary Phone No. (Home or Cell)	OK to call and leave messages? Yes or No	
_____ City	_____ State	_____ Zip	_____ Employed by	_____ Occupation

### Other Family Member or Partner

_____ Last Name	_____ First Name	_____ M.I.
_____ Date of Birth	_____ Ethnicity	

### Other Family Member

_____ Last Name	_____ First Name	_____ M.I.
_____ Date of Birth	_____ Ethnicity	

### Other Family Member

_____ Last Name	_____ First Name	_____ M.I.
_____ Date of Birth	_____ Ethnicity	

My signature is affirmation that all information above is true and correct to the best of my knowledge. I also understand that once a person becomes a client, emergency services shall not be denied for complete inability to pay; however my unwillingness to pay may result in termination of services until such time that my balance has been cleared according to my agreed upon fee (our standard fee for family and individual therapy is \$145/hour). I also authorize release of minimal information necessary to bill for services provided to the person financially responsible.

_____ Client or Guardian Signature	_____ Date	_____ Client Signature	_____ Date
_____ Witness		_____ Date	

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## Fee Policy and Treatment Agreement

### INVESTING IN THE FUTURE

We strive to be an investment in the future, not just a cost, for people who decide to work with myself or any professional here. We are here to help maximize people's health, performance and possibilities. We realize that personal psychological work is not easy and can be the most difficult kind. We have experience and training in a wide variety of approaches. If you want to know more about how we work with people, please ask.

A "Therapeutic Hour" in this office is approximately 50 minutes of face-to-face time and 10 minutes of documentation time. The standard fee is \$145.00 per hour. Services provided at this rate are: therapeutic appointments, performance enhancement sessions, feedback sessions to clients or guardians, phone calls longer than five minutes, report writing, third-party consultations, travel time and (in some cases) testing. Services are pro-rated based on the time involved.

*Certain services are provided at one and one half times the standard rate. These services are: forensic evaluations, depositions, court attendance, and court preparation. If asked to appear in court (including subpoenas), we charge for a minimum of four hours preparation and court time (this includes travel time). If given less than five business days' notice, we charge for a minimum of five hours time. Specific services, such as: Psychological Evaluations, Interactional Evaluations, Therapeutic Parenting, Co-parenting Training, Decision-Maker role and Forensic Evaluations are specifically contracted for and a Retainer of \$1000 is required before services begin.*

We reserve the right to change the standard fee at any time. However, existing clients will be notified of the change prior to their next appointment or service.

### CANCELLATIONS

We strive to set time aside exclusively for a person or a family to deal with important life issues here and cannot easily fill that time at the last minute. Please call to cancel or reschedule an appointment as soon as you know it will be necessary. If you do not give 24 hours notice to cancel an appointment, you will be charged for that appointment (in certain well documented emergencies, the fee may be waived).

This applies to any planned service, including: therapy, feedback sessions, performance enhancement sessions, evaluations, scheduled court hearings, and case management meetings. It is your responsibility to notify Mindful Health Advantage staff if you intend, or need, to cancel. If, however, the school district officially closes all the Jefferson County schools in Lakewood due to weather or other environmental conditions, this office will also be considered closed and you will not be charged for a missed appointment during the time schools are closed.

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## PAYMENTS

You are expected to pay for each session at the time of service. Except for specific cases, you will be responsible for paying the fees and securing reimbursement from your insurance company yourself. We will assist you by helping fill out insurance forms. We accept cash, checks on a local bank, cashier's checks, Discover, Visa, Mastercard, and American Express debit or credit cards. There will be a \$35.00 charge on all checks returned on closed accounts or for insufficient funds - and checks will no longer be accepted from you or your family.

## STRIVING TO BE OF VALUE

If, at the end of five (approximately hour long) paid sessions, you do not believe services with me have been of any help, please let me know and we will evaluate things, and possibly change our approach, or I may refer you to someone who will be better able to help you. It is important to work together in this effort. We have found that regular and consistent sessions lead to better progress, growth, and/or healing, than infrequent sessions. Experience has shown that **planned and appropriate endings are very valuable** for people. Please speak with me if you are planning to end your treatment here, so we may plan an appropriate, healthy way to wrap-up our work.

By signing this, you are agreeing that you **will not use treatment, including related documentation, for parental conflict**, as we have found it counter-productive to use treatment in this way. Information is to be used therapeutically and for the benefit of the specified client and **not** for forensic purposes. However, we do abide by court orders to the best of our abilities.

## DELINQUENT ACCOUNTS

Please notify me of any circumstances that significantly affect your financial situation. After two sessions without payment, your account will be considered "Past Due", unless we have agreed to an alternate payment plan. We reserve the right to stop treatment if a person's account becomes Past Due, the person does not take action to rectify the situation, and/or refuses to pay for services - and to turn over "Past Due" accounts to a collection agency. Clients will be responsible for all costs of collection including a reasonable attorney fee.

## CONSULTATION & CONFIDENTIALITY

In order to provide the best services for our clients, the professionals in this office confer and consult with each other from time to time. By signing this form and beginning services with any one of us, you are agreeing to allow us to confer and consult with each other about your situation. Each of us follows current laws and professional ethical guidelines and will not share information about clients outside of this agency unless required by law, or a specific Release of Information is signed. If you do not agree to this arrangement, please talk with me about this. In certain situations, we can keep client information especially confidential and not share information, but it would have to be specially set-up that way. We will write this in under the Special Considerations Heading section below.

Confidentiality cannot be guaranteed when you use electronic media to contact us. If you would like to send a text message or electronic mail (email), please be aware of the limits to confidentiality. By sending us a text message or an email you are giving us permission to respond to your message in kind (the same electronic manner). The team members of Mindful Health Advantage do not accept "Friend

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Requests” from current or former clients on personal social networking sites, mainly due to the fact that these sites can compromise confidentiality and privacy. For the same reasons, we request that clients do not communicate with us via any interactive or social networking websites.

## THIRD PARTY CONFIDENTIALITY

We take very seriously the confidentiality that people expect when they work with a psychologist or therapist to improve their lives. Confidentiality is important in facilitating honest personal work. However, we have no control of, or responsibility for, confidentiality procedures employed by other parties who might gain mental or physical health information about you. Many third parties, including insurance companies, create computerized records and share data base information; confidentiality can be compromised. If you have any questions about how information is used or shared, please ask.

## SPECIAL CONSIDERATIONS

If there are any special considerations or guidelines that are to be followed in our work, we will write them here, or everything else in this agreement/contract will be considered valid and applicable.

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## INFORMED CONSENT

By signing this, I agree that treatment or evaluation needs to occur and I give my consent for the treatment or evaluation to proceed with Mindful Health Advantage, LLC. I have the right to have a copy of this agreement, and I understand and agree to the terms as specified. If a Guardian, I am certifying that I have Medical and Mental Health decision-making rights and responsibilities for my child.

## EMERGENCY CONTACT

In the case of an emergency, I would like the following person notified:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Client(s)

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mindful Health Advantage, LLC, Agent