

# POLICIES, PROCEDURES AND FEES

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## CONFIDENTIALITY AND PRIVACY

I will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, I will preserve the integrity of our counseling relationship. For this reason, I will not accept any invitations via social networking sites nor will I respond to blogs, Facebook, Twitter, LinkedIn and/or Instagram comments written by clients or accept comments on my blog, Facebook, Twitter, LinkedIn and/or Instagram from clients. Nor will I acknowledge you in public unless you initiate the contact.

In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among the family members. I will use my clinical judgment when revealing such information.

I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment or unless compelled to do so by the law or a valid court order.

I do not bill insurance because of my concern for your confidentiality; if you choose to submit your statements for reimbursement from your insurance provider you should be aware that when you sign your request for reimbursement you give permission for them to obtain information about your diagnosis and the progress of your therapy. Information necessary for reimbursement is on the statement you receive. I will release no further information other than the minimum legally required without your written consent as I have no control over how that information is used, stored or disseminated. Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Considering all of the above exclusions if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never disclosed. The client's identity remains completely anonymous and confidentiality is fully maintained.

## ELECTRONIC COMMUNICATIONS POLICY

HIPAA requires confidentiality of electronically transmitted information including forms, e-mail, chat, text, cell phone and fax communication. HIPAA (Health Information Privacy and Portability Act) is a federal regulation requiring strict security and encryption measures for all stored personal health information, including electronic storage. Paubox.com, VSee.com and SimplePractice.com are the HIPAA compliant secure and encrypted cloud based platforms I use to manage and store all client information and to communicate with clients via secure messaging and video teleconferencing. When you choose to schedule appointments online, complete forms, exchange therapeutic messages or to engage in therapeutic video conferencing you agree to work with me online using VSee.com, Paubox.com or SimplePractice.com.

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Client registration on SimplePractice.com is necessary even if you do not utilize video sessions. Federal law prohibits me from messaging clients using insecure means. The capability to email you securely allows me to send highlights and notes of your sessions, homework assignments and between session resources. It is identical to regular email except you must log on to your patient portal before sending or receiving a message. It is used only for communication between client and therapist. If you choose to message my business email from your personal email account be aware the service is- in some cases- unencrypted and could be accessible to others, so please limit the contents to housekeeping issues such as scheduling and cancellation of appointments. To maintain your privacy, I will respond to messages sent via email encrypted by Paubox.com and/or SimplePractice.com. Registration on VSee.com is necessary if you are engaging and utilizing the TeleHealth option.

When you call me please be aware that cell phone conversations may be intercepted by a third party. I only use a cell phone.

I do not utilize a Fax machine.

Text messages are not confidential and may be intercepted by a third party. Limit texts to scheduling or cancelling appointments or other housekeeping matters. Research is beginning to suggest that texting can be helpful therapeutically in some situations so occasionally therapist and client may mutually agree to limited use of texting for a specific reason or situation. I am researching viable options for using secure text messages within the limits of federal law.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes via landline, another cell phone or by email. If reconnection is not possible, email to schedule a new session time. If reconnection is not possible and I have a concern about your well-being I will call emergency contacts you have listed or will request a wellness check by your local police department.

### TELEPHONE & EMERGENCY PROCEDURES

I do not interrupt client sessions and business appointments to answer calls. If you live in the Denver Metro area and your needs are immediate and of a crisis nature you should do one of the following: • Visit your nearest emergency room • Call 911 • Call Cedar Springs Hospital (Colorado Springs) at 710-633-4114 • Call Denver Health at 303-436-4949 • Call the National Suicide Hotline at 800-784-2433

If your needs can wait, call me at 303-819-7788, state that your message is urgent and leave a number where you can be reached in the next few hours. I check my messages on a regular basis during the work day but on evenings or weekends you will need to use one of the above listed resources. In case of emergency or in case of worry about your safety or whereabouts even after you have terminated your therapy you authorize Dominique Condevaux to contact those individuals listed as emergency contacts on your registration paperwork.

### DUAL RELATIONSHIPS

Dual relationships are not appropriate between a therapist and a client but they are not always avoidable or unethical. For example, it is not appropriate for a therapist to develop a social relationship with a client outside the therapy realm but in rural areas and small towns professionals and clients may likely be

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involved in the same church or school or even be neighbors. This applies to social networking relationships as well. Social interactions that might impair my objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature are not appropriate. However, you should know that in a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board.

### FEES

In recent years, the confidentiality of psychotherapy has been undermined by medical insurance companies that require therapists to submit information about their patients. People who use their medical insurance or disability insurance to pay for psychotherapy waive some of their rights to confidentiality. When you use your insurance, a psychiatric diagnosis must be assigned and transmitted to your insurance company, detailed clinical information often must be provided by your therapist, and in the case of “in-network-benefits”, total access to patient files often must be provided to insurance company employees. Further, insurance companies often attempt to influence the methods or course of treatment so as to save money. That means treatment decisions are taken away from you and your therapist, the two people in the best position to make such decisions. Finally, psychiatric diagnoses may affect your ability to obtain future health or life insurance.

There is no way to ensure that confidential information will be treated as private once it is transmitted to an insurance company. For example, employers sometimes are able to obtain personal information from insurance records. In order to protect your confidentiality, I encourage you to pay out-of-pocket for your psychotherapy. Payment for therapy is often an eligible expense for a flexible spending or health savings account. If you choose to seek reimbursement from your insurance I am happy to provide you with a simple billing statement that you may submit for “out-of-network” insurance reimbursement and/or tax purposes.

### **RATES;**

50- minute session in the office, on the phone or online: \$150.00

25-minute session on the phone or online: \$80.00

80- minute session in the office, on the phone or online: \$175.00

80- minute group session- online only, max/min participants 8/5 people: \$50.00 per session

Extra 10 minutes: \$30.00

Prepaid in-office sessions may be used by other family members and are non-refundable; no shows and late cancellations will be deducted from pre-paid sessions.

Telephone time or time spent on written correspondence or a report requested by you or professionals working with you is billed by the minute based on a fee of \$25 for the first 10 minutes and \$2.50 for each additional minute.

Time spent with attorneys, court time or any written correspondence or tasks related to legal matters will be billed at \$250 per hour. Counseling arranged for you by an attorney on a lien basis will be billed at \$250 per session.

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While psychotherapy may vastly improve the quality of your life, it is also an expensive process. The duration of therapy is affected by the nature of your concerns and what your goals are. It is very important that you feel you are benefiting from treatment. If at any time you feel you are not getting what you want or need out of therapy, I urge you to discuss this with me so that we can find a solution for your concerns. If I believe at any time during therapy that I am not effective in helping you achieve your therapeutic goals, I am required to discuss this with you as well as possibly terminate my treatment and provide you with the names of professionals who may be of help.

## PAYMENT

Payment for all in-office services is due at time of service payable by cash, check or credit card. If you pay by check please have your check written at the beginning of the session to allow best use of your time with me. In office and phone counseling services may be prepaid prior to the service being rendered based on arrangements made with Dominique Condevaux of PAX Counseling & Consulting PLLC. Services paid in advance will not be refunded; you may assign prepaid services to another family member.

## CANCELLATION POLICY

My fees are based on the time I commit to work with you in sessions. Any scheduled session not cancelled 24 hours in advance will be charged at the full established fee including pre-paid appointments except for weather related cancellations. If you are ill or have a personal emergency exceptions are made on a case by case basis.

## PHONE SESSIONS AND ONLINE THERAPY

Phone and videoconferencing are proven and effective methods of delivering counseling services for many mental health conditions and an increasing number of insurance companies are agreeing to pay for online counseling or tele(mental) health services. Rapidly evolving technology allows for more natural face to face virtual interactions and while some visual or audio cues may be missed in a video session the advantages far outweigh the disadvantages. If you are suicidal or homicidal, phone and online therapy is not appropriate and you agree to contact a crisis hotline, call 911 or go to a nearby hospital or emergency room. A list of crisis hotlines can be accessed on my website.

## CREDENTIALS

Licensure:	Licensed Addiction Counselor (LAC)	CO 0000219	
	Licensed Professional Counselor (LPC)	CO 0011288	
Degrees:	Clinical Mental Health Counselor, MA	Argosy University-Denver, CO	2010
	Speech Communications, BA	San Francisco State University, CA	1991
	Associates of Arts, AA	Los Angeles Harbor College, CA	1987
Post Graduate	Comprehensive Biblical Studies Program – 4 year completed and graduated		2011
	Denver Catholic Biblical School- a lay division of St. John Vianney Theological Seminary Programs/		
Certificate:	National Certified Counselor (NCC)		2014
	AcuDetox Specialist (ADS)	#12520	2016
	National Acupuncture Detoxification Association (NADA)		
	Master Addiction Counselor (MAC)		2017
	Distance Credentialed Counselor (DCC)		2017
Post Graduate	Addiction Psychotherapy	Family Mediation	
	Art Therapy	Grief Recovery Specialist	
Certificates:	Certified Addictions Counselor I, II, III	Parenting Coordination	
	Child & Family Investigations	Play Therapy	
	Clinical Sex Therapy	Sand Play Therapy	

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## AGREEMENT

1. You are ultimately responsible for all charges including those denied by your insurance provider should you choose to submit claims.
2. In the unlikely event that check funds are dishonored, you are aware that you will be charged a \$40.00 (or legal limit) processing fee.
3. You have been fully informed of what to do and who to call in case of an emergency and have access to the list of emergency resources in your area. Dominique Condevaux has discussed emergency procedures with you and answered all questions to your satisfaction.
4. You understand the benefits and risks of engaging in therapy.
5. You understand the nature and risks of online counseling.
6. You have been informed of the social media policy.
7. You authorize that in the event of my death or grave disability, one or more of my selected colleagues may review confidential information I have collected about you or your child in order to advise you of options for the continuity of treatment.
8. You have been informed of Dominique Condevaux' degrees, credentials and licenses.
9. You have read the Informed Consent document and understand your rights as a client.
10. You are of sound mind and not under the influence of any substance which may either compromise your understanding of this document or lead you to agree to this document when you might not agree ordinarily.

We will discuss this document during our first session.

Phone: 303-819-7788 Email: [Dominique@paxcounsel.com](mailto:Dominique@paxcounsel.com) or MAIL: PAX Counseling & Consulting, 12101 East 2<sup>nd</sup> Avenue, suite 201B Aurora , CO 80011

This document is for [www.paxcounsel.com](http://www.paxcounsel.com) informational use only.  
Signature accessible document will be forwarded at the time of client intake. Thank you.

Dominique Condevaux MA, MAC, LAC, LPC, ADS, NCC, DCC

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