Riversage Family Counseling Steve Kitson, MD Board Certified Psychiatrist 765 E. College, Suite 2, Durango, CO 81301 (970) 422-3830 DISCLOSURE STATEMENT

Confidentiality:

Information provided by and to the client during therapy sessions is privileged and thus legally confidential. Psychiatrists are mandatory reporters in the State of Colorado. Any disclosure regarding the *intent to harm others or self; abuse or suspected abuse of children, the elderly or others unable to care for themselves; neglect or suspected neglect of children; subpoenaed testimony in criminal court cases and orders to violate privileges by judges in child custody, divorce or other court cases*, is **not** privileged communication.

Client Rights:

- a) Clients are entitled to receive information about the methods of treatment used, techniques and the duration of treatment (if determinable), and fee structure.
- b) Clients are free to seek a second opinion from another psychiatrist or terminate treatment at any time.
- c) In the professional relationship of psychiatry (such as this one), sexual intimacy between client and provider is never appropriate and should be reported to the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7768.

As a client I understand:

- a) I consent to an evaluation and mental health treatment for myself.
- b) I am legally responsible for payment for my services, if, for any reason, my insurance company, HMO, third party payor, etc., does not compensate my services. I also understand that signing this form gives permission to my Riversage Counseling to communicate with my insurance company, HMO, third party payor, or anyone connected to my mental health funding source.
- c) If I do not show for an appointment I will be charged a \$50 fee. If I have more than 2 no shows Riversage Counseling may choose to discontinue services.
- d) I agree to pay my insurance co-pay, or the agreed upon amount for my services. If I do not pay within 30 days, Riversage Counseling has the right to terminate services with me until my balance is paid.
- e) Riversage Family Counseling does not provide "crisis" therapy.. If you have a life threatening emergency, you will need to call Axis Health System Emergency Services (970) 247-5245 or 911 or go to the nearest emergency room. I understand that if my provider believes I need more intensive services I will be referred to a provider or organization that has the ability to provide treatment to meet those needs.
- f) I may contact my Riversage Counseling by phone for coaching thru difficult situations after hours. In the event the call is not answered I will leave a message and seek necessary support through other means. Texting is not reliable nor a confidential means of communication and will not be used for matters that contain specific client information.
- g) If my provider is subpoenaed by the court, I understand court preparation and testimony on Riversage Family Counseling's behalf is charged at a higher rate.
- h) If I have complaints I may contact the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7768

I have read the preceding information and understand my rights as a client. By signing below I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my provider to seek consultation with other providers or professionals as the need arises. I also affirm, by signing this form that I am the legal guardian and /or the custodial parent with legal rights to consent to treatment for any minor child or children that I am requesting psychotherapy services from Riversage Family Counseling.

I have read the preceding information and understand my rights as a client/patient.

Sign &Print Name

Date

** Privacy Practices are available on our website at <u>www.riversagecounseling.com</u> or please request a copy from our office.