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Disclosures and Office Policy Information

Welcome to my practice. I am pleased to have the opportunity to work with you! It is important that the conditions of this relationship are clearly outlined in order to create a consistent, stable, and safe working environment. If you have any questions at any time regarding the conditions set forth in this document, please discuss this with me at any time during the course of the treatment relationship.

DISCLOSURES

My professional background includes: Bachelor's Degree in General Studies from the University of Kansas in 2005 and a Master's of Science Degree in Counseling Psychology from the University of Kansas in 2008. I am a Licensed Professional Counselor (LPC) in the State of Colorado (License # 0006058).

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Division of Registrations. Any questions, concerns, or complaints regarding the practice of mental health may be directed to: the Department of Regulatory Agencies, Division of Professions and Occupations, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

As to the regulatory requirements applicable to mental health professionals: A Licensed Psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass required competency and jurisprudence testing. A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a Master's or Doctoral degree in their profession, have two years of post-Master's or one year of post-Doctoral supervision, and pass required competency and jurisprudence testing. 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 (CAC) I must be a high school graduate, and complete required training hours and 1,000 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 bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a Master's or Doctorate degree in behavioral health sciences 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. Please refer to the Colorado Mental Health Practice Act and the individual Boards for each license type for further information.

You are entitled to receive information at any time about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. My fees are explained further in the Professional Fees section.

You may seek a second opinion from another therapist or may terminate therapy at any time. Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship and should be reported to DORA.

COUNSELING SERVICES

Therapy is a collaborative process between myself, the counselor, and you, the client, and works on solving emotional problems with the intent that you may live a more fulfilling and happier life. The process of change is often difficult and may exacerbate your symptoms initially. However, over time you should see improvement. The most important factor for success in therapy is good communication between the counselor and the client. Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If at any time you feel your needs are not being met, I invite you to express these concerns so they can be addressed and I will also be happy to help you set up a meeting with another mental health professional for a second opinion.

SESSIONS AND CANCELLATION POLICY

I provide individual, family and couples therapy. I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services that you need in order to meet your treatment goals. I may provide you with a referral if I feel there is a more appropriate clinician that can help you meet your goals.

Therapy involves a mutual commitment and responsibility. I will set aside a regular appointment time for you and will make a commitment to keep that as your time. You will be responsible for coming to sessions regularly and paying for them at time of service unless otherwise agreed upon. Once an appointment is scheduled, you will be expected to pay for that session in full unless you provide 24 hours advance notice of cancellation. Without such notice, the session time will have been set aside for you and cannot be used for anyone else. Please note, if you are more than 15 minutes late to a session, this is considered a cancellation and that session is forfeited.

PROFESSIONAL FEES

My fee is \$150.00 for a 50 minute therapy session. I accept Venmo, credit card, cash, and check payment forms. Payment is due at the time of your session. Please note, if you pay with check, a \$30.00 fee will be applied if a check is returned due to insufficient funds. Sessions longer than 50 minutes will be prorated accordingly and discussed before scheduling.

In addition to weekly appointments, I charge a pro-rated amount for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 10 minutes, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

I am a fee-for-service provider. This means that I do NOT accept insurance for my services. I am an out-of-network provider for some insurance companies and will be happy to provide you with a billing statement you can provide to your insurance company for potential reimbursement. If you would like to discuss anything further regarding insurance, please do not hesitate to ask.

I am committed to providing only private psychotherapy, and not participating in any legal proceedings. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Should I be required to participate in legal proceedings, because of the difficulty of legal involvement, I charge \$250.00 per hour for preparation and attendance at any legal proceeding.

CONTACTING ME

Should you need to call me between scheduled sessions, please leave a message on my telephone answering machine, and I will return your call as soon as possible. I aim to return all phone calls within 24 hours during the business week (Monday-Friday: 9:00am - 5:00pm) or at my earliest convenience. I do not provide 24 hour emergency service and generally do not return calls on the weekend. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

Should you have an emergency and find that you cannot reach me directly, emergency services are available by going to the nearest hospital's emergency room, by contacting your family physician, or by calling 911.

LIMITS ON CONFIDENTIALITY

In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements or by Court order. There are other situations that require only that you provide written, advance consent. Your signature on this document indicates your consent for me to provide information as may be allowed.

There are some situations where I am permitted or required to disclose information without either your consent or authorization. These include, but are not limited to, the following:

- Communicating with any party necessary to collect payment (i.e. billing services, third-party payor, collection agency, etc.).
- If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychologist-patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization or by Court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information. Without a Court order, I will not provide the records of a minor in a custody dispute or other situations where I feel that the parent may be using the privilege for their own benefit. Please be advised that I am committed to providing services only as your counselor and to protecting the confidentiality of all of your information, to the extent it is permissible for me to do so.
- If a government agency is requesting the information for health oversight activities, within its appropriate legal authority, I may be required to provide it for them.
- If a patient files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- If a patient files a worker's compensation claim, and I am providing necessary treatment related to that claim, I must, upon appropriate request, submit treatment reports to the appropriate parties, including the patient's employer, the insurance carrier or an authorized qualified rehabilitation provider.

There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a patient's treatment. These situations are unusual in my practice, but may include the following:

- If I know, or have reason to suspect, that a child under 18 is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or any other person responsible for the child's welfare, the law requires that I file a report with the appropriate agencies. Once such a report is filed, I may be required to provide additional information or testify in any proceedings related to the matter.
- If I know or have reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited, the law requires that I file a report with the appropriate agencies. Once such a report is filed, I may be required to provide additional information.
- If I believe that there is a clear and immediate probability of physical harm to the patient, to other individuals, or to society, I may be required to disclose information to take protective action, including communicating the information to the potential victim, and/or appropriate family member, and/or the police or seeking hospitalization of the patient. (Fantasies and thoughts are confidential; planned actions of harm are not.)

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you

may have now or in the future. The laws governing confidentiality can be quite complex, and I am not an attorney. In situations where specific advice is required, formal legal advice may be needed.

PSYCHOTHERAPY RECORDS

Your therapy records are protected by certain federal and state statutes or regulations. Should you require information regarding your treatment, I will provide a summary of your treatment at the above-noted fee policy. I recommend that you initially review the summary in my presence, or have it forwarded to another mental health professional so you can discuss the contents. I may withhold from providing the summary until payment of the preparation fees has been made.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated and their parents or guardians should be aware that the law may allow parents to examine their child's treatment records. Parents should be aware that children age 15 or older may consent to treatment, and therefore may reasonably request that information not be released to parents or guardians. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential, it is usually my policy to request an agreement with all minors and their parents about access to information. This agreement provides that during treatment, I will provide parents only with general information about the progress of the treatment, and the patient's attendance at scheduled sessions. I will also provide parents with an oral summary of their child's treatment when it is complete. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents or appropriate persons of my concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Your signature below indicates that you have read the information in this document and agree to abide by its terms, including the fees and cancellation policies, during our professional relationship. Your signature also indicates that you consent to treatment, after having been informed of the benefits and risks.

Client signature: _____

Client printed name: _____

Date: _____

Signature of Parent/Guardian (if applicable)_____