

Disclosure & Informed Consent for Behavioral Health Treatment

<input type="checkbox"/> Aurora 562 Sable Blvd, Ste 100 Aurora, CO 80011	<input type="checkbox"/> Brighton 1860 Egbert St Brighton, CO 80601	<input type="checkbox"/> Brighton Women’s Health Campus 30 South 20th Ave Brighton, CO 80601	<input type="checkbox"/> Commerce City 6255 Quebec Pkwy Commerce City, CO 80222
<input type="checkbox"/> Estes Park 1950 Redtail Hawk Dr Estes Park, CO 80517	<input type="checkbox"/> Fort Collins 1635 Blue Spruce Dr Fort Collins, CO 80524	<input type="checkbox"/> Fort Lupton 1115 Second St Fort Lupton, CO 80621	<input type="checkbox"/> Fort Morgan 729 E Railroad Ave Fort Morgan, CO 80701
<input type="checkbox"/> Frederick 5995 Iris Pkwy Frederick, CO 80530	<input type="checkbox"/> Longmont 220 E Rogers Rd Longmont, CO 80501	<input type="checkbox"/> Salud at Mt. Carmel 911 Robinson Ave Trinidad, CO 81082	<input type="checkbox"/> Sterling 1410 South 7th Ave Sterling, CO 80751

Behavioral Health Provider: _____

Clinical Supervisor (if applicable): _____

Patient Name: _____ **DOB:** MM/DD/YYYY _____

Patient Account Number: _____

BEHAVIORAL HEALTH SERVICES

Behavioral Health Services at Salud include Psychosocial Screening, assessment and therapeutic services provided in the context of a medical visit, collaborative healthcare visits, Psychological Assessment, Diagnostic Evaluation, and Psychotherapy. You may meet with your Behavioral Health Provider one time or many times, whether for the purpose of better understanding your health and functioning (e.g., diagnosis) or for help in dealing with stressors or trying to change or improve something about your life. Any work you do with a Behavioral Health Provider requires an active effort on your part. Working with a Behavioral Health Provider can have both risks and benefits. Since it often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration. Psychotherapy has also been shown to have benefits, like improved relationships, solutions to specific problems, and reductions in feelings of distress. As with any treatment, there are no guarantees about specific outcomes. Behavioral Health Providers at Salud offer brief treatment episodes that are determined to be the appropriate level of care for a primary care setting, and typically do not exceed six (6) sessions in one treatment episode.

Behavioral Health Providers work with your entire healthcare team at Salud and communicate regularly with other team members, as appropriate and necessary for your overall healthcare. You should be aware that you may receive a clinical



diagnosis as part of your treatment. If this occurs, your diagnosis will be noted in your medical record. Additionally, notes related to your appointments with the Behavioral Health Provider will also be part of your medical record. Salud cannot guarantee the complete confidentiality of your information in phone calls, group visits, TeleHealth or email communications. The information in your medical record may include information relating to behavioral or mental health services and treatment for alcohol and drug abuse through Salud’s general provision of health care.

Some Behavioral Health Services at Salud carry a charge. These include, but are not limited to, Psychotherapy and Psychological Assessment. Your fee will be determined based on your insurance’s copay or Salud’s sliding fee scale; your fee for Behavioral Health services may or may not be the same for regular medical visits. There will be no additional fee for Behavioral Health services occurring during your regular medical appointment.

Please be aware that Salud does not offer emergency Behavioral Health services and Behavioral Health Providers are not available to be reached after hours. If there is an emergency and you cannot reach your Medical or Behavioral Health Provider, or it is after hours, please call 911 or go to the nearest Emergency Room. For additional 24/7 support for mental health, substance use or emotional crisis you may call 1-844-493-TALK (8255), or text “TALK” to 38255 (English only).

Communication with Behavioral Health Providers only occurs within normal clinic operating hours, 8:00am-5:00pm Monday – Friday and excluding holidays, and correspondences will be addressed within reasonable timeframes at staff availability during those times. Salud does not provide therapy via email, nor does staff correspond with patients via text message or any means of social media.

Disclosure Regarding Divorce and Custody Litigation

If you are involved in divorce or custody litigation, our role as Behavioral Health Providers is not to make recommendations to the court concerning custody or parenting issues. The court may appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children.

In cases where parents may be separated or divorced, share custody, or otherwise not be present during the review of this document, the Behavioral Health Provider may temporarily suspend ongoing treatment until Salud has received a signed consent form from the other parent or guardian or the patient, if permitted by applicable law. This does not apply to situations where one parent has been granted sole decision-making authority by the court. Parents may be required to provide documentation demonstrating their decision-making authority.

Treatment of Minors

Generally, minors age 15 or older may consent to receive any mental health service with or without the consent of their parent or legal guardian. Colorado law also permits a minor 12 years of age or older to consent to receive certain mental health services (i.e., “psychotherapy” services, as defined at CRS 12-43-201(9)(a)) with or without the consent of a parent or legal guardian or the notification of the youth’s parents or legal guardians if the Behavioral Health Provider determines that the minor is knowingly and voluntarily seeking the services, and such services are clinically indicated and necessary for the minor’s well-being. However, if the minor communicates a clear and imminent threat of suicide, a parent or legal guardian must be notified of the minor’s self-consented care and suicidal ideation. Similarly, if a patient communicates a serious threat of imminent physical violence, the behavioral health provider may have a duty to warn, and thus break confidentiality.

A parent may still be entitled to information regarding services provided with or without consent of the minor. Under Colorado law any party that has been allocated parental responsibilities has the right to access mental health treatment information concerning his or her minor children, unless the court has restricted access to such information. By signing this document, you acknowledge the limitations of the Behavioral Health Provider given the nature of these circumstances.



Rights

Persons who are both licensed and unlicensed in the field of psychotherapy are regulated by the Department of Regulatory Agencies Division of Professions and Occupations, Office of Licensing. The Board of Social Work/ Psychologist/Licensed Professional Counselor/Marriage and Family Therapist/Addiction Counselor, and Examiners/Registered Psychotherapists can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As a patient, you also have the following rights in your mental health treatment:

- to receive information about the methods of therapy, the techniques used, the duration or therapy, if known, and the fee structure;
- To seek a second opinion or terminate therapy at any time;
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder;
- Generally speaking, the information provided by and to the patient during therapy sessions is legally confidential and cannot be released without the patient’s consent. There are exceptions which are listed in our Notice of Privacy Rights, within this form under Treatment of Minors, as well as other exceptions in Colorado and Federal law. For example, Behavioral Health Providers are required to report alleged child/elder abuse or neglect to authorities. If a Behavioral Health Provider or other Salud employee is concerned about your safety, he/she may call the local police to come to your home for a welfare check. This may lead to the disclosure of information about the Behavioral Health Provider or other Salud employee’s concerns. If a legal exception arises during therapy, if feasible, you will be informed accordingly. By signing this statement, you consent to this practice should it become necessary; and
- Any patient who alleges that a Behavioral Health Provider has violated the licensing laws related to the maintenance of records of a patient 18 years of age or older, may file a complaint or other notice with the licensing board within seven years after the patient discovered or reasonably should have discovered the violation. Pursuant to law, we maintain outpatient records for seven years.

Questions or complaints may be directed internally through Salud to the Center Director at the clinic where you received services. Medicaid members may also contact a representative of **Health First Colorado** for any concerns or complaints about the way they have been treated or about the services received (877-435-7123), or by calling their Regional Accountable Entity (RAE):

Rocky Mountain Health Plans: 888-282-8801

Northeast Health Partners: 888-502-4189

Colorado Access: 855-384-7926

Health Colorado, Inc.: 888-502-4185

Colorado Access Denver County: 855-267-2095

Colorado Community Health Alliance: 855-627-4685

Regulatory Requirements of Mental Health Professionals

As to the regulatory requirements applicable to mental health professionals: A Licensed Psychologist must hold a Doctorate Degree in psychology and have one year of post-Doctoral supervision. A Licensed Clinical Social Worker must hold a master’s or doctoral degree in social work and have two years of post-master’s or post-doctoral supervised

experience. A Licensed Marriage and Family Therapist must hold a master’s or doctoral degree in marriage and family therapy and have either two years of post-master’s supervised experience or one year of post-doctoral supervised experience. A Licensed Professional Counselor must hold a master’s or doctoral degree in professional counseling and have either two years of post-master’s supervised experience or one year of post-doctoral supervised experience. 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 supervised experience for licensure. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not required to be licensed or certified, and no degree, training, or experience is required.



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A Certified Addiction Technician (CAT) must be a high school graduate and complete required training hours and 1000 hours of supervised experience. A Certified Addiction Specialist (CAS) must have a bachelor’s degree or higher in substance use or behavioral health, and complete additional required training hours and an additional 3000 hours of supervised experience. A Licensed Addiction Counselor (LAC) must have a master’s or doctoral degree in behavioral health and an additional 2000 hours of supervised experience.

A Licensed Psychologist must hold a Doctorate Degree in psychology and have one year of post-Doctoral supervision. By signing this document you agree not to record (visual or auditory) a session or a conversation without the Behavioral Health Provider’s written consent.

As part of your treatment, you may have friends and family members attend your appointments at your liking if relevant to treatment. Salud is not responsible for any breaches in confidentiality made by parties that are collateral in the treatment process.

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I have read the preceding information, it has also been provided verbally, and I understand it and understand my rights as a patient or as the patient’s responsible party.

Patient Name: _____ **Patient Account #:** _____

Patient/Guardian Signature _____ **Date:** _____

If Guardian, please state relationship to patient and authority to consent: _____

Clinician Signature _____ **Date:** _____