



Nicoletti-Flater Associates, PLLP

3595 S. Teller St. Suite 310 | Lakewood, CO. 80235

Ph: 303-989-1617 | Fax: 303-985-3133 | www.nicolettiflater.com

DISCLOSURE FOR REFERRAL

Check One:

_____ **VOLUNTARY ENROLLMENT:** The services provided to you are paid for by your department/agency *or* are provided to you at a privately negotiated rate. The information discussed during the course of the sessions is strictly confidential and no reports are given to the department/agency or anyone else unless you sign a release of information or certain exceptions occur. The exceptions are related to information required to be disclosed by law (see below) or there is concern that carrying a weapon or performing your duties would be a liability. If confidentiality must be violated, it will be discussed with you.

OR

_____ **MANDATORY ENROLLMENT:** Mandatory referrals encompass two categories: duty suitability evaluation and mandatory counseling sessions. In both cases, the department/agency is requiring your attendance and cooperation as a requirement for your continued employment. As a result, written and verbal reports related to the evaluation and counseling sessions have to be provided to your department/agency. These reports are also available to you for your review. In general, the reports will be based on information provided directly by you, results of psychological testing, information provided by company records, communication with relevant company staff or contact with relevant collateral.

I. Informed Consent for Treatment and Mandatory Disclosures

The following information is provided in compliance with the Colorado Mental Health Licensing Statute and the Colorado State Grievance Board. The Colorado Department of Regulatory Agencies regulates the practice of licensed and unlicensed persons in the field of psychotherapy:

NICOLETTI-FLATER ASSOCIATES

3595 So. Teller Street, #310

Lakewood, CO 80235

303-989-1617 / 303-985-3133 (fax)

NICOLETTI-FLATER ASSOCIATES is staffed as follows:

John Nicoletti, Ph.D., ABPP
American Board Certified in Police &
Public Safety Psychology
Colorado State University, 1972
Licensed Psychologist | CO 389

Rebecca Allanson, M.A., CACII
Substance Abuse/EMDR/Trauma

Evan M. Axelrod, Psy.D., ABPP
American Board Certified in Police &
Public Safety Psychology
University of Denver, 2000
Licensed Psychologist | CO 2783

Trey Cole, PsyD, ABPP, CCTP
Board Certified Clinical Psychologist
University of Denver, 2016 | CO 4655

Katherine Combs, Psy.D.
Alliant International University, CSPP, 2016
Licensed Psychologist | CO 4579

Mariya Dvoskina, Psy.D
University of Denver 2016
Licensed Psychologist | CO 4713

Robin Eskey, Psy.D.
University of Denver, 2002
Licensed Psychologist | CO 3516

Katherine Kuhlman, Psy.D.
University of Denver, 2011 & 2015
Licensed Psychologist | CO 4533

Jaclyn Miller, Psy.D.
Massachusetts School of Professional
Psychology, 2014
Licensed Psychologist | CO 4315

Rachel Nielsen, Psy.D.
University of Denver, 2018
Psychological Services Staff

Grace Philip, M.A., LPCC
University of Denver, 2017

Debra Tasci, Psy.D., ABPP, SAP
American Board Certified in Police &
Public Safety Psychology
Certified EMDR Therapist
University of Northern Colorado, 1998
Licensed Psychologist | CO 2468

- The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychological Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. 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 I (CAC I) must be a high school graduate, and complete required training hours and 1000 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 clinical master's degree 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.

- You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist 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 client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes and the Notice of Privacy Rights you were provide, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.
- Per Colorado state statutes, client records will be maintained for seven years following the final treatment date. The clients' records may not be maintained after the seven-year period.
- Any person, who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact, whichever is later. When the client is a child, the records must be retained for a period of seven years commencing either upon the last day of treatment or when the child reached eighteen years of age, whichever comes later, but in no event, shall records be kept for more than twelve years.

II. Minor Clients (under the age of 12)

Clients under the age of 12 must have a parent or legal guardian consent to the mental health services that are provided. A child at or over the age of 12 may consent to treatment without the consent of a parent or legal guardian. If a parent or legal guardian is consenting to mental health services, then required disclosures will be made to the parent and/or legal guardian. If the child is consenting to mental health treatment, disclosures will be made to the child. The mental health professional may advise the minor's legal guardian of services provided, with the consent of the minor or a court in specific circumstances (unless notifying the legal guardian would be inappropriate or detrimental to the minor's care and treatment). For children under the age of 12, consent is required from *all* legal guardians. If parents/ legal guardians are separated/divorced, the parent seeking treatment for their minor must provide a copy of a Court Order and/or Parenting Agreement that grants the parents/legal guardian authority to mental health services (medical decision-making). If medical decision-making authority changes during the course of treatment, appropriate documentation must be provided upon immediate changes. Failure to provide this information will result in the immediate termination of services.

III. Legal and Litigation Concerns

Any services requested that are outside of face-to-face counseling services (e.g. speaking with a Guardian Ad Litem or an attorney, phone consultations with or anyone related to the person receiving therapy, documents for court, etc.), will be charged a rate of \$200/hour with a one-hour minimum charge. Any fees accrued thereafter will be pro-rated for any portion of an hour. Any services requested of the clinician related to court testimony will be billed at a rate of \$300/hour with a four-hour minimum charge. These costs will be accrued from the time a practitioner leaves and returns to the office following court proceedings. Unless other specified in writing, the client is responsible for payment of these fees. Failure to pay these fees within a timely manner may result in them being sent to a collection agency.

IV. Office Policies

Unattended Children: Children under the age of 10 are not permitted to be unattended in the waiting room due to liability purposes and out of respect for others in the area. Please ensure that children are well-behaved, and do not leave the waiting room area (i.e. go back into the hallways where clinical rooms are located).

Cancellations and No-shows: Clients are responsible for remembering and attending all scheduled appointments. With the exception of emergencies, cancellation or rescheduling of appointments must be provided with a minimum of 24-hour notice (during business days). Repeated cancellations (generally, more than two) without the appropriate notice can result in termination of services. Additionally, multiple no shows (generally, more than two) for appointments can result in termination of services.

Session Length: Unless previously discussed with your clinician, sessions are 45-50 minutes in length. On occasion, sessions may run longer, such as in the case of clinical emergencies (i.e. when a clinician must hospitalize a client). If you are late to an appointment, the amount of time that has lapsed will cut into your session length, and your session will be shorter. Please contact your clinician if you are running late to an appointment. After 20 minutes have passed, your clinician has the right to cancel the remainder of your appointment and assess a fee, if necessary. If your clinician is late to an appointment, they will ensure you receive the full 45-50-minute session.

Clinician Cancellations: There may be times your clinician must cancel a scheduled appointment, due to either personal or work-related reasons. Many clinicians at N-FA provide emergency services, and, in the event of a critical incident, may be called and may have to reschedule clients. Your clinician will contact you immediately if they need to cancel and will make every effort to reschedule your appointment in a timely manner.

Hours of Operation: In general, appointments and phone calls must occur Monday through Friday, during business hours (0800-1700 hours). On occasion, providers may see clients or talk to clients outside of these hours. This should be discussed in advance. Every effort will be made to return telephone calls within one business day, with few exceptions (vacation, holidays, etc.). *If there is a clinical emergency, the Urgent Line can be reached at (720) 675-9502.*

Contacting Clinicians and Text Messaging Policy: Your clinician will provide you the best phone number at which to reach them. Some clinicians may also allow texting and/or e-mail. Please note that clinical issues should only be discussed via telephone. E-mail should only be used for brief and general questions (billing, scheduling, etc.) Do not leave emergency information on a text message or e-mail, as these methods are not always secure (i.e. not confidential) and your clinician may not receive them or may not receive them in a timely manner. Do not contact or message your clinician through social media.

Records Request: Your clinician is required by state law to maintain records for at least seven years following the termination of services. You are entitled, in most cases, to receive a treatment summary, which is in compliance with Colorado state law and HIPAA standards. A fee of \$200/hour will be assessed for preparation of any documentation beyond a treatment summary. Records requests outside of personal use (i.e. for legal or

litigation issues) will be assessed a fee in accordance with the Legal and Litigation Concerns section of this document.

V. Tele-therapy

Tele-therapy refers to the practice of psychotherapy or counseling through electronic means. Nicoletti-Flater Associates offers tele-therapy for clients who meet the following criteria: 1) Over the age of 21; 2) Reside in the state of Colorado, but over 30 miles from Main or Satellite offices; and 3) Are not currently in crisis.

Exceptions can be made, in some cases, to accommodate clients who reside within 30 miles, if the client's schedule or other life events do not allow the client to make regular face-to-face therapy appointments. In these cases, the treating clinician must determine that tele-therapy could be an effective modality of treatment, and that engaging in such a modality would not detract from treatment goals. Tele-therapy can be an effective modality of treatment in some cases, but is not appropriate for all psychological problems. Tele-therapy would not be appropriate for minors, individuals currently in crisis, couple or family treatment, and some mental health problems. Additionally, the same office policies regarding cancellations, no-shows, etc. also apply to tele-therapy. If you are interested in tele-therapy, speak with your clinician about the advantages and disadvantages. If your clinician and you choose to engage in tele-therapy as the primary mode of therapy, a separate Informed Consent must be completed.

VI. Fee Structure

Services are either covered by your department or provided to you at a negotiated rate.

_____ (Department name) provides _____ (number) of counseling sessions per year at no cost. Additional sessions must be requested from the department, and proof of approval of this request must be provided to your clinician in writing. Please note that no-shows or late cancellations (less than 24 hours notice) may result in the use of one of your allotted sessions. Your clinician will discuss this with you.

OR

Services are being provided to you at a reduced rate of _____ per clinical hour. Please pay your clinician directly at the time of service. No-shows or late cancellations (less than 24 hours) may result in an assessed fee. Your clinician will discuss this with you. If necessary, your clinician has the right to contact a collection agency for payment of fees, should you fail to pay.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I understand and agree to abide by all office policies. I understand the fees that may be assessed with services and agree to pay them (if any). I understand that I may view a copy of this form online at any time; at TraumaThreatAndPublicSafetyPsychology.com OR I may request my signed form from my clinician at any time.

Print Client's name

Client's or Responsible Party's Signature(s) (if under 12)

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

Clinician's Signature

Date

NOTICE OF PSYCHOLOGISTS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

COLORADO NOTICE FORM

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI), for treatment and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- “*PHI*” refers to the information in your health record that could identify you.
- “*Treatment and Health Care Operations*”
 - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.
 - *Health Care Operations* are activities that relate to the performance and operation of Nicoletti-Flater Associates. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within Nicoletti-Flater Associates such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of Nicoletti-Flater Associates such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI outside of treatment or health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent

that permits only specific disclosures. In those instances, when we are asked for information for purposes outside of treatment or health care operations, we will obtain an authorization from you before releasing this information. There is a category of information that requires more stringent monitoring than any other. This applies to *Psychotherapy Notes*. These are notes that are made about conversations with a therapist during a private, group, joint, or family counseling session. These notes are kept separate from the rest of your medical record and are given a greater degree of protection than PHI. The Privacy rule grants rights to health professionals as well as to their clients. The rule lets psychologists and other health providers use their professional judgment in deciding whether to disclose psychotherapy notes to their clients or to others.

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization, or (2) if the authorization was obtained as a condition of obtaining insurance coverage as law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent or Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* - If we have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, I must immediately report this to the proper authorities.
- *Adult and Domestic Abuse* - If we have reasonable cause to believe that an at-risk adult has been mistreated, self-neglected, or financially exploited and is at imminent risk of mistreatment, self-neglect, or financial exploitation, then we must report this belief to the appropriate authorities.
- *Health Oversight Activities* - If the Colorado State Board of Psychologist Examiners or an authorized professional review committee is reviewing our services, we may disclose PHI to that board or committee.
- *Judicial and Administrative Proceedings* - If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated by a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- *Serious Threat to Health or Safety* - If you communicate to us a serious threat of imminent physical violence against a specific person or persons, we have a duty to notify any person or persons specifically threatened, as well as a duty to notify an appropriate law enforcement agency or by taking other appropriate action. If we believe that you are at imminent risk of inflicting serious harm on yourself, we may disclose information necessary to protect you. In either case, we may disclose information in order to initiate hospitalization.
- *Worker's Compensation* - We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs, established by law, that provided benefits for work-related injuries or illness without regard to fault.

- *Law Enforcement Issues*-In accordance with the USA PATRIOT ACT, if a threat to national security is determined, we will comply with federal and state laws requiring us to report your protected health information. We will not be able to inform you that we released this information.

IV. Patient's Rights and Psychologist's Duties

PATIENT'S RIGHTS:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information regarding you. However, we are not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations (For example, you may not want a family member to know that you are seeing a therapist. On your request, we will send documentation to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in the mental health and billing records used to make decisions about you as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in most cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment to your PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- *Right to an Accounting* - You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

PSYCHOLOGIST'S DUTIES:

- We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will notify you of the changes during your next scheduled appointment with your therapist.

V. Questions and Complaints

For questions and concerns about this notice, contact John Nicoletti, PhD, Co-Founder of Nicoletti-Flater Associates, at (303) 989-1617.

If you believe that your privacy rights have been violated and want to file a complaint with us, send your written complaint to John Nicoletti, PhD, Nicoletti-Flater Associates, 3595 S. Teller St. Suite 310, Lakewood, CO 80235.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Washington, D.C. 20201.

You have specific rights under the Privacy Rule. We will not retaliate against you for exercising your right to file a complaint.

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

Patient's Signature

Date

Therapist's Signature

Date

If requested, I have received a copy of this form:

Patient's Signature

Date