



plena vita
psychological
services

Chris Stanley, Psy.D.
7120 E. Orchard Rd. Suite 450
Centennial, CO 80111
720.515.5334

Disclosure Statement and Consent to Treatment

Thank you for deciding to seek therapy from Plena Vita Psychological Services. This form contains the information necessary for you to understand and consent to before beginning psychotherapy. Please take the time to read through thoroughly, and feel free to bring up any questions you may have.

Education & Degrees:

Doctor of Psychology in Clinical Psychology
Rosemead School of Psychology, 2005

Master of Arts, Psychology
Rosemead School of Psychology, 2002

Bachelor of Arts, Psychology, Christian Education (Double Major)
Biola University, 2000

Registrations

Licensed Psychologist (PSY-3662), Expires 08/31/2015

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 Department of Regulatory Agencies, Psychologist Examiners Board 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 Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Client Rights and Important Information

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 may view this information at our website, www.plenavita.net. You can seek a second opinion from another therapist or terminate therapy at any time.

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. Unless you grant

permission to do so via a Release of Information, Dr. Stanley will not inform anyone that you are receiving therapy, nor disclose the content of our sessions.

There are certain legal exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes as well as other exceptions in Colorado and Federal law. The following are conditions under which Dr. Stanley may be legally required to break confidentiality:

- If there is reasonable suspicion that you pose a serious physical danger to yourself or others.
- If you disclose that you or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
- If you disclose that a child or an incompetent or disabled person is suffering because of neglect.
- If there is reasonable suspicion of any incident of elder abuse or neglect.
- If there is any suspected threat to national security.

If a legal exception arises during therapy, if feasible, you will be informed accordingly. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

Colorado law requires that any individual seeking mental health services must be informed that sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately.

Financial Agreement

By entering into a professional psychotherapy relationship with Dr. Stanley, you are also entering into a financial arrangement. Payment for services rendered is the sole responsibility of the client (or responsibility party as signed below), unless otherwise agreed upon in writing by Dr. Stanley and the client(s).

Unless otherwise arranged, psychotherapy sessions will be conducted face-to-face and will last 45-50 minutes. The standard fee per session is \$130, and will be due at the time of service. Any other fee must be agreed upon via a written Fee Adjustment Agreement. Sessions lasting over 50 minutes in length may be subject to additional service fees. Additionally, phone calls lasting over 15 minutes may incur charges. If a report, letter, or consultation with an outside party is requested, you may be billed for any time needed to prepare documentation or conduct an in-person or phone consultation. The standard service fee will apply.

In the case of psychological assessment, interviewing and feedback sessions will be billed at the standard fee of \$130 per session. The assessment interview is up to 90 minutes, and the feedback session is 45-50 minutes. Any additional meeting shall be billed at the standard fee of \$130 per

45-50 minute session. The fees for psychological testing will vary based on test(s) used and the extent of report writing required. Many tests have standard report-writing fees built in, but if additional report writing needed will be billed at the rate of \$130 per hour. Additional meetings and/or consultation with a third party require a Release of Information and may be charged the standard rate.

Clients are responsible for payment at the time services are rendered. The preferred form of payment is personal check. The following forms of payment are also accepted: Visa, MasterCard, Discover, American Express. A processing fee may be applied for the use of a credit card. A \$35 administrative fee will be charged on all checks that are returned for non-sufficient funds.

Cancellation Policy

At some point you may need to cancel an appointment. To help with efficient and responsible use of time, please provide notice via phone within 24 hours of your scheduled appointment time. Any changes or cancellations received less than 24 hours in advance may be charged the standard fee. Any missed appointment with no notice given will be charged the standard service fee as agreed upon in this disclosure. A missed testing appointment will be charged a minimum of one hour of the standard service fee.

Insurance

Dr. Stanley does not directly bill through any insurance or medical plan; however, upon request, insurance-ready statements may be given to you at the end of each month detailing any direct payments you have made to the practice. These statements can be used to initiate the reimbursement process privately through your insurance company if you choose.

Policy for Non-Payment:

In the event billing efforts fail, delinquent accounts may be subject to collections. Dr. Stanley will attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

Consent to Treatment

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. By signing this document, I voluntarily authorize and consent to mental health and/or consultative services with Chris Stanley, Psy.D. in accordance with the information contained within.

Print Client's Name(s)

Client's or Responsible Party's Signature Date

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

Receipt of Notice of Privacy Practices

I acknowledge that at the time of receiving and signing this form, I have also received the Notice of Privacy Practices of Plena Vita Psychological Services.

Client or Responsible Party's Signature

Date