



**Karen Holland, MA, LMFT**  
**Licensed Marriage & Family Therapist**  
**4155 E. Jewell Avenue, Suite 703**  
**Denver, CO 80222**  
**(720) 432-4409**

## **Informed Consent and Financial Disclosure Statement**

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, and unlicensed individuals that practice psychotherapy. The agency within the department that has specific responsibility for licensed and unlicensed Psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1370 Denver CO 80202, (303) 894-7766.

### **Clients Rights and Information**

- 1) You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. I have a Master's Degree in Counseling Psychology and am a Licensed Marriage & Family Therapist licensed in the State of Colorado (License Number 721). I am a clinical member of the American Association of Marriage and Family Therapy. I have extensive experience with couples, individuals and families both in private practice and in community mental health.
- 2) You can seek a second opinion from another therapist or terminate therapy at any time.
- 3) In a professional relationship (such as ours), sexual intimacy is never appropriate between client and therapist. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4) Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a certified school psychologist, a licensed clinical social worker, a licensed psychologist, a licensed marriage and family therapist, a licensed professional counselor, or an unlicensed psychotherapist practicing under the supervision of a licensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). **They include situations in which you are at serious risk to harm yourself or others, such as in the case of potential suicide, child abuse and neglect, or grave disability.** You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy. **In couples therapy**, individual sessions may occur and information is kept confidential except in cases when information is shared that is damaging to the relationship (extramarital affairs, dangerous behaviors, financial abuse, etc) and is not in line with the goals of therapy. In this case, the therapist will either assist the disclosing partner to share this information in sessions or in the case it is not disclosed, therapy sessions will be terminated by the therapist.
- 5) Reinventing Relationships, LLC/Karen Holland is not available for emergency contact, unless arranged on a case by case basis. Should mental health emergencies occur, clients are encouraged to call 911 or go to local hospital emergency room.

6) DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody and parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations regarding custody. The court can 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.

FINANCIAL AGREEMENT:

\$120/hr     \$500/5 hours of Sessions (Discounted)     \$285 for 3 Session Pre-Marital Package     \$450 for 5 Session Pre-Marital Package     Other \$\_\_\_\_\_

I accept cash, check, Visa, MasterCard, Discover and American Express. I keep your credit card information in an encrypted electronic file. *If you do not wish me to keep this information, please let me know.* I can also accept payment via PayPal. Ask me for details.

NO-SHOW, CANCELLATION & PREPAYMENT POLICY:

Your visit has been reserved for you. 24 hours notice is required for cancellation or you will be charged the full session fee. Every client is allowed one late cancellation/no show without penalty; and emergencies, sudden illnesses and inclement weather are exempt. **If you prepay for sessions, sessions are non-refundable.**

STATEMENT OF UNDERSTANDING AND FINANCIAL COMMITMENT:

I have read and understand this information sheet and informed consent. I authorize counseling of the person(s) named below and agree to pay all fees and charges for such treatment. I agree to pay all charges upon the rendering of services, unless other arrangements are agreed upon. I attest that I have read this information form, that I understand the conditions as stated above, and that I consent to therapy, including evaluation, treatment and/or referral.

\_\_\_\_\_ Initial here to indicate that I have received Notice of Privacy Rights & Practices  
\_\_\_\_\_ Initial here that I understand that the no-show/late cancellation policy  
\_\_\_\_\_ Initial here that I understand that pre-paid sessions are non-refundable and that if I choose to commit multiple sessions, the balance will be collected as agreed upon.

\_\_\_\_\_  
Client(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Karen Holland, LMFT (Provider)

\_\_\_\_\_  
Date

## NOTICE OF PRIVACY RIGHTS and PRACTICES

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

Reinventing Relationships is committed to protecting your personal health information. Personal health information includes any information created or received by Reinventing Relationships during the course of treatment. This notice about protecting your health information is required by law. It tells you about your rights and how Reinventing Relationships uses and discloses your health information.

### Your Health Information Rights

You have certain rights regarding the health information Reinventing Relationships has about you.

#### You have the right to:

- Request a restriction on certain uses and disclosures of your health information; however, Reinventing Relationships is not required to approve your request.
- Request that Reinventing Relationships notifies you about your health information in a way or at a location that will help you keep your health information confidential.
- Receive a list of disclosures Reinventing Relationships has made of your health information.
- In writing at any time, withdraw your permission for Reinventing Relationships to disclose your health information, except for the information that Reinventing Relationships disclosed before you stopped your permission.
- Review and obtain a copy of your own health information.
- Ask Reinventing Relationships to change your health information if you believe it is incorrect or incomplete. Reinventing Relationships may deny your request and, if so, will give you the reason(s) why the request was denied.

### How Reinventing Relationships May Use or Disclose Your Health Information

The law permits Reinventing Relationships to use or disclose your health information for the following purposes:

For Treatment, Reinventing Relationships may use and disclose your health information to help you receive mental/medical health and services. For Example: Reinventing Relationships may use your mental/medical health information to review and approve hospital care, or conduct treatment coordination with funding sources.

For Payment, Reinventing Relationships may use and disclose your health information to sequester payment for services rendered. For Example: A third party may be contacted regarding the receipt of delinquent payments.

For Requirements by Law, Reinventing Relationships may use and disclose your health information when the law requires it. For Example: Reinventing Relationships may disclose information for the following purposes:

- To reply to proper requests for your health information from a court or other legal agency.
- To report information for public health, such as reporting victims of abuse, neglect or domestic violence or reporting to the Food and Drug Administration problems with products or reactions to medications.
- To report information for public safety, such as to prevent the spread of a serious threat to the health or safety of a particular person or the general public.
- To assist law enforcement officials, such as the police, in their law enforcement duties.
- To allow other government agencies to provide you with benefits and services.

### Obligations of Reinventing Relationships

Reinventing Relationships is required to:

- Maintain the privacy of your protected health information.
- Provide you with this Notice of its legal duties and privacy practices with respect to your health information.
- Obtain your written authorization to use or disclose your health information for reasons other than those listed in this Notice and permitted under law.
- Abide by the terms of this Notice that are currently in effect.
- Notify you if Reinventing Relationships is unable to agree to a requested restriction on how your information is used or disclosed.
- Allow reasonable requests you may make to notify you about your health information in a way or at a location that will help you keep your health information confidential.

Reinventing Relationships reserves the right to change its information practices. The new provisions will be effective for all protected health information that Reinventing Relationships maintains. Revised notices will be made available to you by written notices and on the Reinventing Relationships website at [www.ReinventingRelationships.com](http://www.ReinventingRelationships.com)

### Complaints

If you have a complaint about this Notice of Privacy Practices, how Reinventing Relationships handles your health information, or if you otherwise believe that your privacy rights have been violated by Reinventing Relationships, your complaint should be directed to the therapist providing services

If you are not satisfied with the manner in which Reinventing Relationships handles a complaint, you may submit a formal complaint to the U.S. Secretary of Health and Human Services in Washington, DC. There will be no retaliation by Reinventing Relationships if you file a grievance.