

# Mindful Health Advantage, LLC

777 S. Wadsworth Blvd, Bldg 2, Ste 103, Lakewood, CO 80226

## --- CLIENT ADDRESS, CONTACT & FUNDING INFORMATION ---

### { CLIENT INFORMATION }

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Date of Birth	Ethnicity	
How did you hear about our office (or referred by)? _____		

### { PERSON FINANCIALLY RESPONSIBLE }

Relationship to Client (Please circle your answer)  
1) Self      2) Spouse      3) Parent/Guardian      4) Other \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	M.I.	Date of Birth
_____	_____	_____	OK to call or leave messages?
Address	Unit No.	Home Phone No.	Yes or No
_____	_____	_____	_____
City	State	Zip	Mobile Phone No.
_____	_____	_____	OK to call or leave messages?
Employed by	Work Phone	Yes or No	
_____	_____	_____	
Address	City	State	Zip

### < REQUIRED INFORMATION IF INSURANCE WILL BE FUNDING >

_____	_____	_____	_____
Insurance Company	Benefits Phone No.	Client I.D. No.	Group No.
Primary _____	_____	_____	_____
Address _____	_____		
Secondary _____	_____	_____	_____
Address _____	_____		
Annual Income _____	No. in Household _____	No. of Approved Visits _____	
Do you currently have an Advanced Directive? _____		Would you like some information? _____	

If you would like periodic email newsletters or information, please enter your email address here:

\_\_\_\_\_

My(our) signature is affirmation that all information above is true and correct to the best of my/our knowledge. I/we also understand that once a person becomes a client, emergency services shall not be denied me/us for complete inability to pay; however my/our unwillingness to pay may result in termination of services until such time that my/our balance has been cleared according to my/our agreed upon fee (the standard fee for individual therapy is \$130/hour, Therapeutic Parenting is \$140/hour). I/we also authorize release of information necessary to process claims for services provided to the insurance company, managed care agency, or to the person financially responsible (named above).

_____	_____	_____	_____
Client No. 1 (or Guardian) Signature	Date	Client No. 2 Signature	Date
_____	_____	_____	_____
Witness	Date		

*Mindful Health Advantage, LLC*

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Lakewood, CO 80226*

*303-202-6143 fax 303-202-6146*

Fee Policy and Treatment Agreement

*INVESTING IN THE FUTURE*

We strive to be an investment in the future, not just a cost, for people who decide to work with myself or any professional here. We are here to help maximize people's health, performance and possibilities. We realize that personal psychological work is not easy and can be the most difficult kind. We have experience and training in a wide variety of approaches. If you want to know more about how we work with people, please ask.

A "Therapeutic Hour" in this office is approximately 50 minutes of face-to-face time and 10 minutes of documentation time. The standard fee is \$130.00 per hour. Services provided at this rate are: therapeutic appointments, performance enhancement sessions, feedback sessions to clients or guardians, phone calls longer than five minutes, report writing, third-party consultations, travel time and (in some cases) testing. Services are pro-rated based on the time involved.

*Certain services are provided at one and one half times the standard rate. These services are: forensic evaluations, depositions, court attendance, and court preparation. If asked to appear in court (including subpoenas), we charge for a minimum of four hours preparation and court time (this includes travel time). If given less than five business days' notice, we charge for a minimum of five hours time. Specific services, such as: Psychological Evaluations, Interactional Evaluations, Therapeutic Parenting, Co-parenting Training, Decision-Maker role and Forensic Evaluations are specifically contracted for and a Retainer of \$1000 is required before services begin.*

We reserve the right to change the standard fee at any time. However, existing clients will be notified of the change prior to their next appointment or service.

Please be aware that we have a registered therapy dog ("Maggie") who is frequently in the office. She is registered through American Humane Society and Delta Society. If you would like to work with Maggie, please inform your therapist. If you have any concerns about Maggie being in the office please speak with Tonya McFarland, Psy.D. or your therapist.

*CANCELLATIONS*

We strive to set time aside exclusively for a person or a family to deal with important life issues here and cannot easily fill that time at the last minute. Please call to cancel or reschedule an appointment as soon as you know it will be necessary. If you do not give 24 hours notice to cancel an appointment, you will be charged for that appointment (in certain well documented emergencies, the fee may be waived).

This applies to any planned service, including: therapy, feedback sessions, performance enhancement

Initials: \_\_\_\_\_

## *Mindful Health Advantage, LLC*

sessions, evaluations, scheduled court hearings, and case management meetings. It is your responsibility to notify Mindful Health Advantage staff if you intend, or need, to cancel.

If, however, the school district officially closes all the Jefferson County schools in Lakewood due to weather or other environmental conditions, this office will also be considered closed and you will not be charged for a missed appointment during the time schools are closed.

### *PAYMENTS*

You are expected to pay for each session at the time of service. Except for specific cases, you will be responsible for paying the fees and securing reimbursement from your insurance company yourself. We will assist you by helping fill out insurance forms. We accept cash, checks on a local bank, cashier's checks, Discover, Visa, and Mastercard debit or credit cards. There will be a \$35.00 charge on all checks returned on closed accounts or for insufficient funds - and checks will no longer be accepted from you or your family.

### *STRIVING TO BE OF VALUE*

If, at the end of five (approximately hour long) paid sessions, you do not believe services with me have been of any help, please let me know and we will evaluate things, and possibly change our approach, or I may refer you to someone who will be better able to help you. It is important to work together in this effort. We have found that regular and consistent sessions lead to better progress, growth, and/or healing, than infrequent sessions. Experience has shown that planned and appropriate endings are very valuable for people. Please speak with me if you are planning to end your treatment here, so we may plan an appropriate, healthy way to wrap-up our work.

### *DELINQUENT ACCOUNTS*

Please notify me of any circumstances that significantly affect your financial situation. After two sessions without payment, your account will be considered "Past Due", unless we have agreed to an alternate payment plan. We reserve the right to stop treatment if a person's account becomes Past Due, the person does not take action to rectify the situation, and/or refuses to pay for services - and to turn over "Past Due" accounts to a collection agency. Clients will be responsible for all costs of collection including a reasonable attorney fee.

### *CONSULTATION & CONFIDENTIALITY*

In order to provide the best services for our clients, the professionals in this office confer and consult with each other from time to time. By signing this form and beginning services with any one of us, you are agreeing to allow us to confer and consult with each other about your situation. Each of us follows current laws and professional ethical guidelines and will not share information about clients outside of this agency unless required by law, or a specific Release of Information is signed. If you do not agree to this arrangement, please talk with me about this. In certain situations, we can keep client information especially confidential and not share information, but it would have to be specially set-up that way. We will write this in under the Special Considerations Heading section below.

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Confidentiality cannot be guaranteed when you use electronic media to contact us. If you would like to send a text message or electronic mail (e-mail), please be aware of the limits to confidentiality. By sending us a text message or an e-mail you are giving us permission to respond to your message in kind (the same electronic manner). The team members of Mindful Health Advantage do not accept “Friend Requests” from current or former clients on social networking sites, mainly due to the fact that these sites can compromise confidentiality and privacy. For the same reasons, we request that clients do not communicate with us via any interactive or social networking websites.

*THIRD PARTY CONFIDENTIALITY*

We take very seriously the confidentiality that people expect when they work with a psychologist or therapist to improve their lives. Confidentiality is important in facilitating honest personal work. However, we have no control of, or responsibility for, confidentiality procedures employed by other parties who might gain mental or physical health information about you. Many third parties, including insurance companies, create computerized records and share data base information. If you have any questions about how information is used or shared, please ask.

*SPECIAL CONSIDERATIONS*

If there are any special considerations or guidelines that are to be followed in our work, we will write them here, or everything else in this agreement/contract will be considered valid and applicable.

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*INFORMED CONSENT*

By signing this, I agree that treatment or evaluation needs to occur and I give my consent for the treatment or evaluation to proceed with Mindful Health Advantage, LLC. I have the right to have a copy of this agreement, and I understand and agree to the terms as specified. If a Guardian, I am certifying that I have Medical and Mental Health decision-making rights and responsibilities for my child.

\_\_\_\_\_  
Signature of Client(s)                      Guardian                      Date

\_\_\_\_\_  
*Mindful Health Advantage, LLC, Agent*

# *Mindful Health Advantage, LLC*

## *Colorado Legal Disclosure Information*

Client: \_\_\_\_\_

### **T J Price, PsyD**

A member of **Mindful Health Advantage, LLC**

*Licensed Psychologist, CO #1933*

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 Psychologist 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 masters degree in their profession and have two years of post-masters supervision. A Licensed Social Worker must hold a masters 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 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 bachelors 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 masters 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. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.*

I earned a Doctor of Clinical Psychology degree from the University of Denver in 1993, completed a year of post-doctoral supervision, and passed all testing to be licensed as a psychologist in early 1995.

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 provided , as well as other exceptions in Colorado and

*Mindful Health Advantage, LLC*

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.

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.

\_\_\_\_\_  
Print Client's name

\_\_\_\_\_  
Client's or Responsible Party's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_

*Note: Your Notice of Privacy Rights are also available at [www.DrTjPrice.com](http://www.DrTjPrice.com)*