Patient Name

**CONSENT TO TREAT, CANCELLATION POLICY, & PRIVACY RIGHTS**

By signing this form, I consent to and authorize any practitioner of ViewPoints Psychotherapy Services to treat me. I understand this could include lab tests, radiology, therapy, counseling, medication management, and other diagnostic tests. I understand that my provider is available to explain the treatment and I have the right to refuse any and all treatment. I understand this consent to treat may apply to any provider in our office to include:

Tanna Skinner, APN License number with the State of Colorado: APN0993193-NP expiration 09/30/2021

Eileen Deitsch, APN License number with the State of Colorado: APN0995020-NP expiration 09/30/2020

Benjamin Neale, PsyD License number with the State of Colorado: PSY0004437 expiration 08/31/2021

Shannon Cosentino, PsyD License number with the State of Colorado: PSY0004379 expiration 08/31/2021

Jose Ramon, LCSW License number with the State of Colorado: CSW09923408 expiration 08/31/2021

Christal Lichtenberg, LCSW License number with the State of Colorado: CSW09921484 expiration 08/31/2021

Catherine Mielcarz, LCSW License number with the State of Colorado: CSW09925618 expiration 08/31/2021

Adrien Schuh, LPC License number with the State of Colorado: LPC0015917 expiration 08/31/2021

Justin Billot, LPCC License number with the State of Colorado: LPCC0016786 expiration 06/12/2023

Kyla Conway, MFTC License number with the State of Colorado: MFTC0013805 expiration 06/04/2022

James Garofalo, CACII License number with the State of Colorado: ACB0008439 expiration 08/31/2021

**Regulatory requirements:**

Registered Psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

Certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.

Certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.

Certified Addiction Counselor III (CAC III) must have a bachelor's degree in behavioral health, complete additional required training hours and 2,000 hour of supervised experience.

Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III Requirements.

Licensed Social Worker must hold a master’s degree in social work and two-year post-masters supervision.

Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.

A licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

A licensed Advanced Practice Nurse must complete a graduate or post-graduate degree program in the intended role/ specialty.

I understand that no promises have been made to me as to the results of any services provided by ViewPoints Psychotherapy Services.

I am aware I may stop services provided by ViewPoints Psychotherapy Services at any moment in time. The only thing I will remain responsible for is paying for the services I have already received.

I understand my services with ViewPoints Psychotherapy Services are confidential and may not be shared with anyone outside of HIPAA allowed treatment, payment and operations, without my written consent. Major exceptions to confidentiality include the potential threat of harm to oneself, to others, or suspected child or elder neglect or abuse. Exceptions involving payment and operations are outlined in the HIPAA Agreement. Please be aware that Courts have the authority to subpoena records in the event you become involved in a legal matter.

I acknowledge that I have been informed about ViewPoints Psychotherapy Services Notice of Privacy Practices (NPP). The NPP discusses how my personal health care information may be used and/or disclosed, how she stores, protects, sends, and disposes of my health care information, and my rights with respect to health care information. I may review a copy of the NPP and/or obtain a copy from ViewPoints Psychotherapy Services at any time. I understand the terms of the NPP may be changed in the future, and these changes will be shared with me. I may also request a copy of the new NPP by contacting ViewPoints Psychotherapy Services.

I understand I must provide a minimum of 24 hours’ notice if I need to cancel or change the time of an appointment. Otherwise I will be charged the following applicable fees:

Psychotherapy:

* Reschedule/Early Cancel/Cancel: cancels prior to 24 hours No Charge
* Late Cancel/Same Day:  cancels after 24-hour window before appt has closed
	+ 1st time No Charge
	+ 2nd time $25.00
	+ 3rd/Final time $50.00
* No Show No Call: does not show to appointment or call and leave a voicemail
	+ 1st time $25.00
	+ 2nd time $50.00
	+ 3rd/Final time $75.00
* No Show Exception: they did not arrive to their appointment, but we heard from them after the fact and there was an exception to be made
	+ 1st time No Charge
	+ 2nd time No Charge
	+ 3rd/Final time $50.00

Med Mgmt./Psych testing fees

* Early Cancel/Cancel: cancels prior to 24 hours No Charge
* Late Cancel/Same Day: cancels after 24-hour window before appt has closed
	+ 1st time No Charge
	+ 2nd time $75.00
	+ 3rd/Final time $150.00
* No Show No Call: does not show to appointment or call and leave a voicemail
	+ 1st time $75.00
	+ 2nd time $150.00
	+ 3rd/Final time $150.00
* No Show Exception: they did not arrive to their appointment, but we heard from them after the fact and there was an exception to be made
	+ 1st time No Charge
	+ 2nd time $50.00
	+ 3rd/Final time $50.00

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Signature of Patient Date

In requesting the medical records as the designated agent, in signing below, I attest to the continuing inability of the above patient to make or communicate health care decisions.

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Signature of Legal Representative Date Relationship to Patient or Description of

Authority to Act for Patient