

**Rocky Mountain Counseling Services**  
**Monica Ramunda, MA, LPC, RPT**  
**www.monicaretamundatherapy.com**  
**(720) 304-7611**

## **Disclosure Statement**

1. **Education and Training:** I have a Bachelor's of Arts Degree in Psychology from the University of Colorado, Boulder (1991). My highest degree earned is a Master's degree in Counseling Psychology from the University of Colorado at Denver (1998). I am a Licensed Professional Counselor in the State of Colorado since September of 2003. I am an active Registered Play Therapist with the Association for Play Therapy.
2. **General Structure of Therapy Sessions:** I do psychotherapy in weekly or bi-weekly sessions, for 45 minute periods. Length or frequency of the sessions can be increased or decreased, to reflect the therapy needs of the client. It should be noted if a client arrives late for a session, he/she will still be responsible for the total fee of the session.
3. **Payment:** My fee is \$160.00 for a 45 minute session. Payment and co-pays are due at the time of service. I accept checks, cash, and credit cards, but please note a 3% processing fee will be added for credit card transactions.
4. **Phone consultation and E-mails:** I provide free 15 minute phone consultation, but do charge my hourly fee in 15 minute increments over the first free 15 minutes. Please limit all e-mail correspondence to one paragraph or less, as I will need to charge for lengthy e-mails.
5. **Insurance claims:** I utilize a billing company to complete insurance claims as a courtesy to my clients. However, I do **not** provide pre-authorizations, and insurance benefit checks for clients, this is the client's responsibility. *If insurance information is not provided prior to a therapy session, I cannot go back and re-bill/adjust claims for sessions to your insurance company or refund payment for sessions.*
6. **Responsibility for Payment:** Please understand that you are legally responsible for payment of my psychotherapy services. Failure to pay for professional services received, may result in termination of therapy and a referral to a low cost counseling agency. Unpaid balances may be turned over to a collection agency and you will be responsible for any additional charges incurred in the use of a collection agency. Please be aware that even if I bill your insurance company, there are situations when psychotherapy is not covered under your plan, or there may be a deductible that needs to be met, before therapy is covered. The client is responsible for sessions that insurance does not cover.
7. **Cancellation of sessions and Scheduling:** Clients must call to cancel a session ( or use online calendar to cancel) *with 48 hours* advance notice, or full fee will be charged for the missed session. Appointments can be made in person, by phone, or through the online calendar.
8. **Messages:** Every effort will be made to return phone calls within a 24-48 hour period, with the exception of weekends and holidays. You may leave confidential messages for me at (720) 304-7611.
9. **Overdue accounts:** Overdue accounts are subject to an 18% per annum charge for accounts over 30 days. If an account remains unpaid for over 90 days, it will be sent to collections and additional fees, including attorney fees may be assessed.
10. **Emergencies:** I provide non-emergency psychotherapeutic sessions by scheduled appointments. While every effort is made to respond to you in times of emergencies, I do not carry a pager and do not check messages between 5:30 pm and 9 am. If you have an urgent need, there are many community services that can assist you: Boulder County Emergency Psychiatric Services at (303) 447-1665 or emergency services can be reached by dialing 911 on your telephone.
11. **Confidentiality:** Information disclosed to a licensed marriage and family therapist, licensed social worker, licensed professional counselor, licensed psychologist or unlicensed psychotherapist, is privileged communication and cannot be disclosed in any court or competent jurisdiction in the State of Colorado, without the consent of the person to whom the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality. These exceptions include: (1.) I am required to report any suspected incident of child abuse, elder abuse, IDD or neglect, to law enforcement (2.) I am required to report any threat of imminent physical harm by a client to law enforcement and the person/(s) threatened. (3.) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of mental disorder. (4.) I am required to report any suspected threat to national security to federal officials and (5.) I may be required by a Court Order to disclose treatment information.

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 proceedings. There are other exceptions that I will identify to you as the situations arise during therapy. I am bound by confidentiality in the client-therapist relationship. That means I may not talk to anyone about our work together, including family members, unless I have written permission. Signing this document gives me permission to initiate a health and welfare check, if I m concerned about you.

12. **Minor children:** Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor child, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPPA standards. It should be noted that at 15 year of age, a client can consent to his/or her own treatment. There are exceptions to this mandated law, as stated above.

13. **Couple and Family Counseling:** In marriage and family counseling, the therapist holds to a "no secrets" policy. All members of the couple or family system are treated equally and "secrets" are not kept by the therapists that requires differential or discriminatory treatment of family members.

14. **Regulation of Psychotherapist:** 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 regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver CO 80202, (303)894-7800.

**15. Important Information:**

a. 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 that), and my fee structure. Please ask if you would like to receive that.

b. You can seek a second opinion from another therapist or terminate therapy at any time.

c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, mental health section.

d. As required by HB17-1011 I am informing you that your client records will be destroyed 7 years after the termination of psychotherapy as pursuant to DORA Rules and the Colorado Mental Health Practice Act. Colorado law, CRS 12-43-218, allows confidentiality to be breached if a mental health professional believes a client is a potential school shooter.

16. **Divorce or Custody Litigation:** If you are involved in a divorce or custody litigation, you need to understand that my role as the therapist is not to make recommendations for the court concerning custody or parenting issues, or to testify in court concerning opinions on issues involved in the litigation. By *signing this agreement, you agree to not call me as a witness in any such litigation.* Experience has shown that testimony by therapists in domestic cases, causes damage the the clinical relationship between a therapist and a client. Only court appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

17. **Court testimony:** If requested to testify in court on your behalf, you will be billed at the higher rate of \$180.00 per hour, from portal to portal, and this includes waiting time.

18. **Outside referral:** If I believe your psychotherapeutic issues are beyond my level of competence, or outside of my scope of practice, I am legally required to refer, terminate, or consult.

18. **Consultation with other Mental Health Professionals:** If you have seen another therapist or psychiatrist, and that information would be helpful to me or my work with your child, you must first sign a release before I may speak with this professional.

19. **Consent to treatment:** I consent to this information regarding therapy. I have read and discussed the preceding information with the therapist and understand my rights as a client/patient. By signing this disclosure, I also agree to permit consultation with other psychotherapists or professionals as the need arises.

\_\_\_\_\_  
Client/Patient/ or Parent's signature ( if client is a minor)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Other parent/minor child

\_\_\_\_\_  
Name of Client

\_\_\_\_\_