

Denver Counseling & Executive Life Coaching
Colorado, Massachusetts, Florida
www.counselingexeclifecoach.com
Confidential Client Information Personal Information
Today's Date: _____

Personal Information:

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I give permission to leave voicemails/text messages: Yes _____ No _____ (Please INITIAL)

I give permission to email me regarding scheduling, billing, or education at the following email: _____ (Initial)

Email Address: _____

Birth Date: _____ Sex: Male _____ Female _____

Occupation: _____ Employer: _____

Relationship Status:

Single _____ Married _____ Widowed _____ Divorced _____ Separated _____ Engaged _____ Live-In _____ Partner _____

How Long? _____ Spouse or Significant Other's Name: _____

Do you have children? _____ Names & Ages: _____

Who are your closest relational supports? _____

In case of emergency please notify: _____

Address: _____ Phone: _____

By whom were you referred, or if on-line, what website? _____

Counseling History & Goals: Have you previously received psychological counseling or treatment? _____

If yes, please explain: _____

Previous Psychological Diagnosis (if any): _____

Name of Therapist/Provider	From When to When?	Primary Reasons:
----------------------------	--------------------	------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Previous Diagnosis: _____

Presenting Problems: What are the main issues you'd like to address in counseling?

Medical History: Are you currently under medical care? _____ If yes, for what reason?

Physician's/Psychiatrist's Name: _____ Phone: _____

Do you take any prescription medications? _____ If yes, please explain:

Type of Medication	Dosage	Approx Start Date?	For What Purpose?
--------------------	--------	--------------------	-------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Other current/ongoing significant medical/physical problems:

Denver Counseling & Executive Life Coaching, PLLC

Frances Forgione, MSW-LCSW, LAC

Denver, CO 80202

Mailing Address: PO Box 725, Dennis, MA 02638

Disclosure Statement

Client Name: _____

Date: _____

Welcome to my practice. Please read the following important information about the practice of Frances Forgione,

Education, Licenses & Certifications:

M.S.W. – U. of Texas at Arlington, Arlington, TX 1990

B.S.W. - Washburn University, Topeka, KS 1985

LCSW – CO Licensed Clinical Social Worker #959

LAC – CO Licensed Addictions Counselor #367

LICSW – MA Licensed Independent Clinical Social Worker # MA License #122927

TPSW – FL Telehealth Provider for Social Work #3401

EMDR Trained (Eye Movement Desensitization Reprocessing) Maiberger Institute Certification Completion

EFT Trained (Emotionally Focused Therapy). Completed Externship, Advance Training Core Skills & Supervision

Gottman Training, Level 1 & 2 Couples Therapy

PACT Trained, Level 1

AEDP Trained (Accelerated Experiential Dynamic Psychotherapy)

Gestalt Training – Gestalt Institute of the Rockies

DBT Training (Dialectical Behavioral Therapy) – Lane Pederson, PESI

Explanation of Licenses & Certifications: (Frances' licenses are in bold)

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 hours 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.

Psychologist Candidate, a Marriage and Family Therapist Candidate

Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, 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.

Regulatory Agencies:

Colorado:

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 who practice psychotherapy. The State Board of Social Work Examiners can be reached at

https://www.colorado.gov/pacific/dora/social_work or 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800 and ask for the Social Work State Board of Examiners, which oversees Licensed Clinical Social Workers.

As of October 1, 2017, any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

Massachusetts:

The Commonwealth of Massachusetts has the general responsibility of regulating the practice of licensed professionals. Consumers have the right to file a complaint if they feel as though a licensee or unlicensed individual has violated the standards of professional conduct. The following website will guide you to file a complaint either by mail or online: <https://www.mass.gov/how-to/file-a-complaint-against-an-occupational-board-licensee>. The office can be reached at Division of Occupational Licensure, Office of Investigations, 1000 Washington Street, Suite 710, Boston, MA 02118. Ph 617-701-8600.

Florida:

The following website will guide you how to file a complaint by mail or online:

<https://floridasmentalhealthprofessions.gov/licensing/>

FL Department of Health

4052 Bald Cypress Way, Bin C75

Tallahassee, Florida 32399-3260

Client Rights & Important Information:

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. You may seek a second opinion from another therapist or terminate therapy at any time. 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 State Board for Social Workers. Closure is an important part of therapy and at the termination of counseling, a closing session is requested.

Confidentiality:

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 marriage and family therapist, a licensed professional counselor, a licensed psychologist, 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 12-43-218, C.R.S. 1998). 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. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>. Unless you grant permission to do so in writing, the content of any session is confidential. However, examples of circumstances under which such professional confidentiality may be broken are:

A. Disclosure of serious physical danger to himself/herself or to someone else.

B. Disclosure of neglect, physical or sexual abuse or molested a child, an incompetent or disabled person. If abuse or neglect is disclosed under the conditions given above, it is mandated by Colorado law that such information be reported by therapists to the appropriate state agency.

C. If a health insurance plan is utilized, a diagnosis code and other pertinent data may be disclosed for claim processing. Massachusetts laws are similar and can be read about at the following web address:

<https://www.mass.gov/info-details/guide-on-the-disclosure-of-confidential-information-health-care-information#overview->

Confidentiality in Couples, Adolescent & Family Therapy:

At times, instances arise where one partner in a couple, or a family member, wants to tell me something without the other knowing about it. Please be aware that anything you choose to tell me, individually, that is particularly pertinent to the work with you as a couple or family, may need to come out in therapy and I hold a "no secrets" policy. This means that if information is critical to therapy, we would discuss the best way for this to be discussed in couples or family work.

For adolescents 15-17 years old in CO and 16 years old in MA, therapists may notify parents that their child is in therapy, however specific information shared by their son or daughter in counseling is confidential even from parents, unless the adolescent signs a release of information form. For adolescents, we ask parents to agree that the therapist will determine what information, in his or her professional judgment, is appropriate to be shared with the parent/guardian(s) concerning treatment issues, and what information, at the discretion of the therapist, will remain confidential between the adolescent and the therapist. Adolescents need to be aware that there may be times when information shared needs to come out in family therapy with parents present and they will be guided & supported to do so. Exceptions to confidentiality between adolescents and parents are made if the adolescent is a danger to self or someone else or when there is neglect or physical, emotional, sexual abuse, which must be reported to appropriate authorities.

Fees:

Payment by cash, check or credit card is due at the beginning of each session. To make the most of our time together, please make out checks out to "DCELC" in advance; or sign a consent authorizing use of your credit card.

Rates: (Any sessions longer or shorter than what is listed, is prorated)

Individual Therapy: \$200 per 55-minute session. Longer sessions are prorated.

Couples Therapy: \$220 per 55 minute session. Longer sessions are prorated.

Recommended length of session for couples therapy is 70 minute sessions

Recommended length of session for EMDR therapy is 90 minutes

Intensives are available for 3-6 hours of therapy per day. Rates vary.

There is no "surprise billing" since fees are paid at each session.

A Good Faith Estimate of Expected Charges with your therapist will help indicate approximate number of sessions and re-evaluate on a regular basis.

Phone therapy available at individual rate or billed by 15-minute segments.

Brief 5-10 min. phone calls are allowed without charge on a limited basis.

Texting is to be used for scheduling and simple communications not for relaying therapeutic information. By signing this agreement, the client is giving consent to use email and text for scheduling, billing and exchanging psychoeducational information. In special circumstances, such as a client being in the hospital or treatment, some texting may be agreed upon for ease of access to relay information.

I provide non-emergency services. If you are experiencing an emergency, please call 911, or call the National Suicide Prevention Lifeline: 1-800-273-8255.

Insurance: I am considered an "out-of-network" provider. Payment is due at each session. However, some may wish to submit statements to their insurance for possible reimbursement. You are advised to first call your insurance company and inquire about your plan's coverage for "out-of-network" providers and what your deductible amount is. **Please note that it is your responsibility to complete and file any insurance paperwork.** If you elect to use your health insurance plan to assist in the payment of treatment, your insurance carrier and the National Information Center will have access to your diagnosis code and other pertinent data needed for claim processing.

My insurance provider is: _____ Statement Requested? Yes ___ No ___

Business Relationships:

In the unlikely event of your therapist's death or incapacity to perform therapy, Lynn McGregor, LCSW, MFT is appointed to follow up with notification and referrals to ensure proper care of clients. Client records are kept securely & confidentially for a period of seven years, then destroyed except for general dates of therapy.

Cancellations & Authorization:

It is understandable that at times it may be necessary to cancel an appointment. To help to insure efficient and responsible use of time, any changes or cancellations must be made at least 24 hours in advance or a charge of \$150 per hour booked is applied and prorated if session is longer or shorter than regular 55-minute session.

Client Contact Information:

By signing below, I give Frances Forgione, CO-LCSW, MA-LICSW, CO-LAC, permission to contact me for scheduling, billing statements, sending psycho-educational information, sharing resources, good faith estimates, referrals through the phone numbers for text and voicemail, and emails provided. Clinical information is to be shared during sessions. I understand the risks of electronic transformation of information.

By signing below, I authorize services & will pay all fees. Denver Counseling & Executive Life Coaching reserves the right to send clients with unpaid fees to collections. I have been informed of my therapist's credentials and understand my client rights. I understand that there are no guarantees as to therapy outcomes. I have access to a copy of this agreement.

Client Signature: _____ Date _____

Client Signature: _____ Date _____

Parent/Legal Guardian Signature (Minors) _____ Date _____

Therapist Signature _____ Date _____