



DISCLOSURE STATEMENT/HIPAA Halcyon Hospice & Palliative Care

6750 W. 52nd Ave., Arvada, CO 80002 Business Phone: 303-329-0870 / 970-535-0870

Client Name: _____

Clinician Name: _____ (Degrees, Credentials, Licenses)

In order to provide our clients accurate and current information in compliance with Colorado State Law (C.R.S. 12-43-214), Halcyon Hospice & Palliative Care offers the following disclosure.

Below is a list description of the regulatory requirements applicable to mental health professionals. Your provider has checked the applicable license and/or certification, including the educational and training requirements.

___ A **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-master's supervision.

___ A **Candidate of Psychology, Marriage and Family or Professional Counselor** must hold the necessary licensing degree and be in the process of completing the required supervision for licensure and be a registered psychotherapist with the State of Colorado.

___ A **master's level intern** must be attending a graduate program and directly supervised by a Licensed Practitioner: _____

___ **Others:** A 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. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. An Art Therapist must hold a master's degree in counseling psychology and art therapy and two years of post-master's supervision. A 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.

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 registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Registered Psychotherapist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. We encourage you to discuss questions, concerns and treatment progress with your therapist.

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 known), and the fee structure.
- 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. If sexual intimacy occurs, it should be reported to the State Grievance Board.
- 4) 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 HIPAA Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. 1) I am required to report any suspected incident of child or elder abuse or neglect to law enforcement; 2) I am required to report any threat of imminent physical harm by a client to law enforcement and to 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 a

Halcyon Hospice & Palliative Care Grief Support

Phone: 720-325-2987

www.halcyonhospice.org · griefsupport@halcyonhospice.org

mental disorder; 4) I am required to report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

Be advised that I will not release copies of my session notes to insurance companies, doctors or any other agency or party. I will, however, release a separate narrative if necessary upon request, only after you have signed the appropriate Release of Information form.

Information provided by you in therapy may be shared with clinical supervisors and consultants according to professional standards and guidelines. No identifying information shall be used.

Regarding Minor Clients:

Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. Therapy, however, proves to be more beneficial to the client and family if the child trusts that what he/she shares in sessions is confidential. Specific content of therapy will be kept confidential for children unless the well being of the child requires the parent to have access to such information. The counselor will determine what information, in his professional judgment, is appropriate to be shared with parents concerning treatment issues, and what information, at the discretion of the counselor, will remain confidential between the child and counselor, in compliance with Colorado law and HIPAA standards. In most cases, joint meetings between children and/or adolescents and parents and the therapist will be arranged as part of the therapy process.

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 or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court to testify 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 concerning 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.

CLIENT RECORD RETENTION POLICY

Halcyon records regarding the treatment of adults will be kept for 7 years after treatment ends or following our last session, but I may not retain them after 7 years. Halcyon records for treatment of minors will be kept for 7 years, beginning on the last date of treatment or for 7 years beginning on the date when the minor turns 18 years of age, whichever is later. In no event am I required to keep these records longer than 12 years.

EMAIL AND TEXT COMMUNICATON

Halcyon Hospice and Palliative Care cannot guarantee privacy when communicating via email and or text. If you choose to communicate with your counselor via email or text please limit communication to tasks such as scheduling, time changes, or other general questions. No sensitive or private information should be included.

COUNSELOR AVAILABILITY

Halcyon Hospice and Palliative Care Grief Counselors are available Monday through Friday from 8:00 a.m. to 5:00 p.m. and can be reached by calling Halcyon Grief Support 720-325-2987. Depending on your particular grief counselor's business hours, you may leave a message to which he or she will respond at their earliest convenience. Appointments may be made after hours on an individual basis in agreement with your counselor.

Because Halcyon Hospice Grief Counselors are not available 24 hours a day, 7 days a week, if you are experiencing a mental health emergency call:

- Emergency 911 or go to your local hospital emergency room
- Colorado Crisis Hotline 844-493-8255 or text TALK to 38255

NOTICE OF PRIVACY RIGHTS AND PRACTICES:

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

Halcyon Hospice (HH) is committed to protecting your personal health information. Personal health information includes any information created or received by HH during the course of/and after treatment. HH may use your health information for purposes of providing you treatment and conducting health care operations. Your health information may be used or disclosed only after HH has obtained your written consent. HH has established a policy to guard against unnecessary disclosure of your health information including privileged information. The following is a summary of the circumstances under which and purposes for which your health information may be used after you have provided consent:

- **For treatment.** HH may use your health information to coordinate care within HH and with others involved in your care.
- **For payment.** HH may include your health information in invoices to collect payment from third parties for the care you receive from HH.
- **To conduct healthcare operations.** HH may use and disclose healthcare information for its own operation in order to facilitate the function of HH and as necessary to provide quality care.
- **For fundraising activities.** HH may aggregate client information like age, ethnic background, etc for grant applications.
- **To report abuse, neglect or domestic violence.** HH is obligated to notify government authorities if HH believes a client is the victim of abuse, neglect or domestic violence. HH will make this disclosure only when specifically required or authorized by law or when the client wishes to initiate such a disclosure. If HH believes that your life is in danger, we will contact necessary agencies.
- **To conduct health oversight activities.** HH may disclose your health information to an oversight agency for activities including audits, criminal investigations, inspections, licensure or disciplinary action.
- **In connection with judicial and administrative proceedings.** HH may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court like a subpoena, warrant or summons.

You have certain rights regarding the health information Halcyon Hospice has about you.

You have the right to:

- **Request restrictions on certain uses/disclosure of your healthcare information:** You have the right to request that we limit the way we use or disclose any part of your Protected Health Information (PHI). We are not required to agree to a request restriction. If we do agree, we will comply with your request except when you require emergency treatment.
- **Receive confidential communications:** You have the right to request how and where we communicate with you about PHI. For example, you may request that we contact you via email. By submitting the appropriate written form, you may request alternative means of communication. We will accommodate all reasonable requests.
- **Inspect and receive a copy of your healthcare information:** In most cases, you have the right to inspect and obtain a copy of your PHI that we maintain for as long as we maintain it. You may be charged the costs for copying and mailing the information. In limited circumstances, we may deny your request. We will advise you in writing of the reasons for denial and your right to have the denial reviewed.
- **Make an amendment of your healthcare information:** You have the right to request that we amend PHI you believe to be incorrect or missing. We will not alter the original record, but will include your amendments when possible. We may deny your request under certain circumstances. We will advise you in writing of the reason for the denial and your right to submit a statement disagreeing with the denial.
- **A list of the disclosures of your healthcare information:** You have the right to obtain a list of disclosures of your PHI for purposes other than treatment, payment, health care operations, disclosures made directly to you, or where you have specifically authorized a disclosure.
- **A copy of this agreement**
- **Make a complaint:** If you believe your rights have been violated, you may file a written complaint with Halcyon Hospice and Palliative Care or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

DISCLOSURE STATEMENT/HIPAA

GRIEF SUPPORT TEAM

Barb Kamlet, LPC, Licensed Professional Counselor, License #0011834
Masters of Counseling Psychology, Regis University, Denver, CO
Masters of Liberal Arts, Non-Counseling Psychology, Loss and Grief Focus, Regis University, Denver,
National Certified Counselor

Julie Thomas, LPC Licensed Professional Counselor, License # LPC 3474
Master of Arts in Counseling Psychology, University of Colorado, Denver, CO
Bachelor of Arts in Psychology, University of Colorado, Boulder, CO

CLIENT SIGNATURE, ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

I have read the preceding information and understand my rights as a client or as the client's responsible party and acknowledge that I have been offered a copy of this Disclosure Statement. My signature on this form acknowledges that I have been offered a copy of the Halcyon Hospice and Palliative Care Notice of Privacy Practices. I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. This authorization will be automatically revoked upon termination of counseling services in compliance with HIPAA guidelines.

Print Client's Name

Client, Parent or Guardian Signature

Date

Therapist Signature

Date