

## **Anchorpoint Counseling, LLC**

Verena Burger Schmid, LPC, CACII; 831 Royal Gorge Blvd #228, Cañon City, CO 81212

Phone: 719-248-8093; Fax: 888-242-6614

### **MANDATORY DISCLOSURE STATEMENT**

Welcome!! I am looking forward to meeting with you and hope that we will work together on forming a supportive relationship that will allow you to get what you came for. I will do my best to ask you respectful and thought provoking questions and to provide you with my honest feedback to the things you discuss. I invite you to do the same.

Here are some things that the State of Colorado and the Federal Government require psychotherapists to share with their clients. Feel free to ask me questions about anything that is unclear to you.

My name is Verena Burger Schmid. I am a Licensed Professional Counselor with the Colorado Department of Regulatory Agencies, license # 2826, since June 6, 2001. I also hold a Certified Addiction Counselor II license, #7132, since April 14, 2010. I received my Master of Arts degree in Community Counseling from Adams State College in May 1999. I am a PATH Intl. Certified Riding Instructor since 1994.

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 Licensed Professional Counselor Examiners and the Board of Addiction Counselor 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:

- 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 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 masters degree in social work.
- 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.
- 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 Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

#### **Your Rights and Responsibilities as a Client:**

1. You are entitled to be treated with *respect*. If you ever feel that I have neglected to fulfill this right, please discuss this with me. I will make every effort possible to remedy the situation.
2. You are entitled to *receive information* from me about *the methods of therapy*, the *techniques* used, the *duration* of your therapy (if known), and the fee structure.
3. You may seek a *second opinion* from another therapist or *terminate therapy* at any time.
4. In a professional relationship, such as ours, *sexual intimacy is never appropriate* and should be reported to the Board of Licensed Professional Counselor Examiners and/or the Board of Addiction Counselor Examiners.
5. **Confidentiality** - Generally speaking, the information provided by and to you during therapy sessions is legally confidential and cannot be released without your written consent. There are exceptions to 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. For example, I am required to report suspected child and/or elder abuse and/or neglect to the appropriate law enforcement agency. If I receive information from a client about a serious threat of imminent physical harm to another person, I must inform that person of said threat and also notify law enforcement authorities. In an emergency situation, I will disclose only necessary information about you in order to advocate for your best care. I am mandated to perform a mental health evaluation of a client who is dangerous to self or others due to a mental health disorder and take the necessary steps to minimize self-harm or prevent harm to others. Confidential information we share cannot be disclosed in any court of law without your written permission or a court order from the presiding judge. If a legal exception arises during therapy,

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if feasible, you will be informed about it. The Mental Health Practice Act (CRS 12-43-101, et seq.) is available for review at: <http://www.dora.state.co.us/mental-health/Statute.pdf>.

**6. Fee Structure** – My fees are \$160 for an initial assessment and \$110 for individual or family sessions. Phone calls that last more than 10 minutes will be prorated. My fee for court related time, incl. travel, preparation and wait time is \$180 per hour. There is a \$35 case management fee for all phone calls, e-mails or letters/reports written on your behalf. Checks that don't clear the bank will incur an additional fee of \$25. **You are responsible for all fees incurred during your treatment with me.** Payment is expected at the time of service, unless prior arrangements have been made. An additional charge will be added to the balance and the account balance may be reported to a collection agency after 60 days.

**7. Session Length** – Individual/Family sessions generally last 45-50 mins, Group sessions 50 - 80 mins.

**8. Insurance** - It is your responsibility to investigate, prior to our first session, the details of your insurance or EAP coverage in order to obtain prior authorization, and clarify your benefits, co-payment, and/or deductible amounts. If I am a provider for your insurance/EAP program, I will accept their payment schedule. You are responsible for paying deductible amounts and co-payments at the time of service. **You also are responsible for full payment should coverage be denied for any reason, or should you wish to continue after authorized sessions are completed, unless prior arrangements are made.** I will be required to provide your insurance company/EAP Program with information about your diagnosis, dates of service and type of service (individual, family, or group) provided. I will discuss any unusual requests from your insurance company for release of further information (e.g. service plan, summary of treatment, progress notes, etc.) with you prior to releasing that information.

**9. Cancellation Policy** – Since your appointment time is reserved exclusively for you, and insurance/EAP programs do not typically pay for missed appointments, the following applies: **Any appointments you don't keep or cancel with less than a full 24 hours advance notice will be billed to you at my full fee of \$110.** Exceptions are made for documented emergency situations. Reminder calls/e-mails are done as a courtesy only and may not always occur. It is still your responsibility to keep or cancel your appointments 24 hours in advance.

**MEDICAID CLIENTS: Medicaid does not pay for missed appointments and prohibits me from charging you. However, if you do not keep an appointment without proper notification, we will discuss the appropriateness of scheduling further appointments. If you miss more than one appointment without proper notification, your case may be closed. You will be responsible for payment for sessions that occur when your Medicaid is not in effect.**

**10. Crisis calls** (incl. after hours or on weekends) will be answered by me at 719-248-8093 or, on alternating weeks or during extended absences, by a clinician that I designate. This clinician will be identified to you in my voice greeting on my office phone. Please leave a detailed message about the nature of your crisis situation and your call will be returned as soon as possible. Again, this is only for crisis calls that can be handled over the phone. **For any life threatening emergencies, please call 911 or go to the nearest emergency room immediately.**

I have read the preceding information, it has also been provided to me verbally \_\_\_\_, or I have declined this information to be read to me \_\_\_\_ and I understand my rights and responsibilities as a client or as the client's responsible party. I agree to abide by the procedures outlined above and I have been given a copy of this information.

PRINT Client's Name: \_\_\_\_\_

\_\_\_\_\_  
Client/Legal Guardian/Representative Signature Date  
Relationship to client/authority to consent: \_\_\_\_\_

\_\_\_\_\_  
Verena Burger Schmid, LPC, CACII Date  
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