

Miriam Vinton LPC

Thank you for choosing Miriam Vinton LPC. Today's appointment will take approximately 50 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, State and federal Laws and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

You need to know the the practice of psychotherapy is regulated by the Department of Regulatory Agencies, if you have a grievance against any psychotherapist, the address of the State Grievance Board is 1560 Broadway, Suite `1340, Denver CO 80202 and the telephone number is 303-894-7766.

I am happy to provide you information about my methods of therapy, the techniques I use, the duration of therapy, (if I can determine it at our first meeting) and my fee structure. Please ask me if you have any questions about these or any other matters. While in therapy you will only be treated and contracted with me. In addition to the above , you may seek second opinion from another therapist and, of course , may terminate therapy at any time.

You also need to know that I have contracted my insurance billing with Psych Billing Service. It will be necessary to provide this billing service with certain information in order to file insurance claims. Psych Billing Service is HIPPA compliant and will adhere to the Client Confidentiality as outlined in the ACA code of ethics . For billing questions please call Susan at 303-359-7761.

While it should go without saying, Colorado Law (12-43-214) Revised Statues) requires that I inform you that in our professional relationship, physical sexual intimacy is never appropriate and should be reported to the Grievance Board.

Finally, the information provided by you during therapy sessions is legally confidential, except in criminal and delinquency matters and except for the other areas as provided in Colorado Revised Statues 12-43-218. There are also other certain legal exceptions which will be identified should any such situations arise during therapy.

Patient Signature

Date

Clinician's Signature

Date