

**Patricia Burnett, LPC, CEAP**

6059 S. Quebec St., Suite 203, Centennial, Colorado 80111  
720-234-6010 CentennialColoradoCounselor.com

**CLIENT INFORMATION**

**NAME** \_\_\_\_\_  
First Initial Last

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
OK to call? Yes No OK to call? Yes No

**E-MAIL** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**OTHERS TO BE IN SESSIONS** \_\_\_\_\_

**PRIMARY CARE PHYSICIAN** \_\_\_\_\_

**MEDICATIONS** \_\_\_\_\_

**REFERRED BY?** \_\_\_\_\_

*I have read and understand 1) Patricia's Policies and Procedures, 2) the state-required Disclosure Statement. The federally required Privacy Statement has been made available to me.*

\_\_\_\_\_  
**Signature(s)**

**Date** \_\_\_\_\_

Office Use:  
\_\_\_\_\_

## **POLICIES AND PROCEDURES**

*Welcome to my counseling and psychotherapy practice.*

*I look forward to working with you.*

**-- Patricia Burnett, LPC, CEAP**

### **My philosophy and approach to therapy**

I help my clients find solutions to the pain and stress in their personal lives, specializing in couples counseling. My second specialization is as a work/life coach, helping clients find the right strategies for success at work.

Cognitive behavioral psychology is the core of my approach to therapy, though I will draw on other approaches if appropriate for you. Cognitive behavioral therapy is a problem-solving orientation. In co-authoring the *Toxic Stress* book, I became very aware of how we distort our thoughts and fill our minds with negative, self-destructive messages. CBT takes you to a healthier self and self-view and offers well-researched techniques to bring positive change in your relationships at home, at work, and elsewhere in your world. I also use principles learned in Level I Training of Gottman Method Couples Therapy.

### **Confidentiality**

I promise to keep all that you share private, in accordance with the federal privacy law known as HIPAA and the ethical guidelines of the counseling profession. There are, however, a few exceptions to confidentiality outlined in the Colorado statutes (CRS.12.43.218). I will inform you if I believe I need to act in these ways, including:

- 1) If I believe you are in danger of harming yourself, I will break confidentiality. For your protection, I will inform authorities and/or another health provider and/or a member of your family or I may seek an order for emergency or involuntary commitment. Any action I take without your consent will be discussed with you.
- 2) If I believe you may cause harm to someone else, I will break confidentiality and contact the potential victim and authorities.
- 3) If I believe you or someone else you tell me about is abusing or neglecting a child, elderly person or vulnerable adult, I will break confidentiality and contact the authorities.
- 4) I may consult with another mental health or health professional regarding your therapy,
- 5) I will disclose information about you if ordered by a court of law,
- 6) If you file an official complaint or lawsuit against me, according to Colorado law, your right to confidentiality will be waived.

### **Diagnosis for insurance purposes**

I may use general terms about your well-being, but I most likely will not dwell on a “diagnosis” in medical terms. However, if an insurance company is paying for part of your bill, I will be asked to provide a diagnosis from the DSM-5 manual that details symptoms and conditions. By signing this document you give me permission to contact your insurance company or Employee Assistance Program and provide all required documentation, which may include a treatment plan as well as diagnosis.

### **Litigation**

I do not testify in court, nor provide my notes for legal cases, worker’s compensation cases, disability cases or Family and Medical Leave Act (FMLA) matters. Upon your written consent, I will provide to

you a brief summary of your treatment and dates of therapy for your use as you see fit. Please do not ask third parties such as employers or attorneys to contact me. Signing this document confirms your acknowledgement of this practice.

### **Availability**

I generally am able to return telephone calls or emails within 24 hours Monday-Friday. If you do not hear from me within that time frame, please re-contact me. I prefer not to receive text messages. For emergencies when you cannot reach me immediately, please call 9-1-1 or the Arapahoe-Douglas Mental Health Crisis Line: 303-730-3303.

### **Scheduling**

I am in the office Mondays, Tuesdays, Thursdays and Fridays, 11 a.m. to 6 p.m. If you need to meet outside of those hours, please ask, and I may be able to make arrangements.

You are responsible for keeping your appointment and arriving on time. If you fail to cancel an appointment more than 24 business-week hours in advance, I will charge you \$75. Insurance does not cover late-canceled or missed appointments.

### **Payment**

Payment is expected at the time of your appointment. If you are using insurance, I will accept the co-pay stated on your insurance card. If it is not stated on the card, I will accept the amount you usually make in co-payments to other providers, and we will settle any difference after I receive paperwork from your insurance company. If your insurance company does not reimburse me within one month, I will bill you at the rate with which I am contracted to your particular insurance company, and you will be responsible for that amount. You are responsible for obtaining any required pre-authorization and understanding how required deductibles may affect reimbursement.

### **Records**

A Designated Record Set may include identifying information, dates and types of sessions, assessments, diagnosis, treatment plan, any reports, consultations or collateral contacts made, and informed consent disclosures. My private psychotherapy notes are kept separate and are not a part of this formal record. These psychotherapy notes are further protected from subpoena and unauthorized access by HIPAA. Your records will be stored safely with attention to your privacy for at least 7 years, as required by Colorado statute. In the event that I am no longer able to secure and monitor access to your records, another mental health professional will act as my representative.

Your records are protected by Colorado statute, HIPAA regulations and professional ethics. Records can be released only with your written permission and direction. It is my policy not to release an entire record, even with your authorization. Instead, I may summarize the content related to the request. Colorado statute, CRS 25.1.803, limits release of information after therapy terminates; only a summary may be issued. You will be granted reasonable access to your record, but not a copy of the records. If you choose to read your records, it is my policy to be present in order to respond to any questions or confusion you may have about the material. You may request in writing an amendment or addition to your records. If you were seen in couple or family sessions, all adults present must sign for the release of any record or information gathered from our joint work.

### **Termination**

Termination usually will be agreed upon mutually, but you are free to terminate at any time.

## **DISCLOSURE STATEMENT: A state-required document**

Patricia Burnett, LPC, CEAP  
6059 S. Quebec St., Suite 203, Centennial, Colorado 80111  
720-234-6010 CentennialColoradoCounselor.com

### **Degrees and Credentials**

M.A., Counseling and Human Services from the University of Colorado-Colorado Springs

B.J. (Journalism), University of Texas-Austin

A.A. with Honors in Journalism, Stephens College, Columbia, Missouri.

LPC (Licensed Professional Counselor), Colorado

LPCs must hold a master's degree in a relevant field, work at least 2,000 hours under supervision after graduation and before licensure, and pass a state certification test.

CEAP (Certified Employee Assistance Professional)

CEAPs must complete 1,000 hours of work in an employee assistance setting, 20 Professional Development Hours, 12 hours of advisement by a CEAP and the passage of a professional exam. This credential demonstrates ability and mastery of knowledge for competence in EA practice.

Level I Training in Gottman Method Couples Therapy

Co—author, *Toxic Stress: 7 Steps to Recovery*, Ann Arbor Media, 2004.

### **State-required information on mental health professionals and credentials**

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 Counselors and 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:

- 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.
- A certified Addiction Counselor I (CAC I) must be a high school graduate, complete required training hours and 1,000 hours of supervised experience.
- A certified Addiction Counselor II (CAC II) must complete additional required training hours and 2,000 hours of supervised experience.
- A 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 Social Worker must hold a master's degree in social work.
- A 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.
- 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 Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

### **Client Rights and Important Information**

- a. Under the Colorado Mental Health Practice Statute, 12.43.214 CRS, 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. Please ask if you would like this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. In a professional relationship, sexual intimacy between a client and a therapist is never appropriate and should be reported to the board that licenses, registers or certifies the licensee, registrant or certificate holder. The practice of licensed persons in the field of professional counseling is regulated by the Department of Regulatory Agencies, Board of Licensed Professional Counselors and Examiners, 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800.
- d. Generally speaking, the information provided by and to the client in a professional relationship with a psychotherapist is legally confidential and cannot be disclosed without the client's consent. There are exceptions to this confidentiality, some of which are listed in CRS 12.43.218 and the HIPAA Notice of Privacy Rights provided in this set of documents, as well as other exceptions in Colorado and federal law.
  1. I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened any suspected incident of child abuse or neglect to law enforcement;
  2. I am required to report of any 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 mental disorder; 4. I am required to report any suspected threat to national security to federal officials; and 5. I am required by Court Order to disclose treatment information.

- e. When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Disclosure Statement and agreeing to treat with me, you consent to this practice, if it should become necessary.
- f. Under Colorado Law, C.R.S. 14-19-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards.

### **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 for testimony 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.

***I have read the preceding information, and it has been presented to me verbally. I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.***

\_\_\_\_\_  
Printed name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

# PRIVACY STATEMENT

---

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

## SUMMARY PAGE

(Details follow on next page)

### PRIVACY NOTICE FOR PATRICIA BURNETT PC LLC

6059 S. Quebec St., Suite 203

Centennial, Colorado 80111

720-234-6010 [www.CentennialColoradoCounselor.com](http://www.CentennialColoradoCounselor.com)

## Your Rights

You have the right to:

- Get a copy of your paper or electronic record (**does not include psychotherapy notes**)
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition (**only by your request and written permission**)
- Provide mental health care

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## THE DETAILS

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your record and other health information we have about you. Ask us how to do this. **(This does not include psychotherapy notes, which are protected by law. In most cases, at your written request, I will provide a brief summary of our work together.)**
- We will provide a copy or a summary of your health information, usually within 10 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 10 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.
- If you wish, you may communicate to us by email or text, but please be aware that there is risk of a third party in your household or workplace who might see it.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. **(I will not inform anyone of any aspect of your time with me without your written request and permission. The only exceptions would be as stated in other documents, regarding insurance and such matters as self-harm, harm to certain others, etc., and when required by law.)**
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care (**only by written permission, or as provided by law**)

## Uses and Disclosures: How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Treat you

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

### Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## How else can we use or share your health information?

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

We can share health information about you in response to a court order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Change to the Terms of this Notice.** We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request. If you have any questions, please contact Patricia Burnett, who also serves as the company's privacy officer, 720-234-6010, [Patricia@CentennialColoradoCounselor.com](mailto:Patricia@CentennialColoradoCounselor.com).

*Effective October 1, 2013*