



Consent for Treatment and Center Policies

Patient name(s) _____

All mental health care professionals are required by law to provide the following information to each patient (or in the case of a minor to their legal guardian) during the initial contact. We also want to communicate to you some of our policies regarding out-of-session communication.

1. Contact information: Sutherland Bipolar Center
Muenzinger Building, University of Colorado Boulder
Box 345 UCB
Boulder, CO 80309-0345
Business phone: 303/492-5680
2. Credentials: Sutherland Bipolar Center therapists are licensed clinical psychologists holding a doctoral degree in clinical psychology, graduate students working toward their doctoral degree in clinical psychology, or Psychologist Candidates (someone with a doctorate in clinical psychology who is working towards licensure). Graduate student therapists and Psychologist Candidates are supervised by a doctoral level, licensed clinical psychologist (Alisha Brosse, Ph.D., CO License #2624). As to the regulatory requirements applicable to mental health professionals: a *Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision*. A 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 Social Worker must hold a masters 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 Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.
3. 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. If you have any concerns or complaints about a mental health practitioner, the Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202; 303/894-7800.
4. You are entitled to receive information from your therapist(s) about the methods of treatment, the techniques used, the duration of treatment (if known) and fee and billing practices. If you qualify for services at the Sutherland Bipolar Center, information regarding fees, billing, and the duration of services will be provided in a separate document.
5. You can seek a second opinion from another therapist or terminate therapy at any time.

6. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

7. Generally speaking, the information provided by and to you during the course of evaluation or treatment is legally confidential and cannot be released without your consent. If a legal exception arises during therapy we will inform you accordingly if it is feasible to do so. Examples of when we will share your information include:
 - a. We must report to Social Services any knowledge or suspicion of abuse against a child or dependent adult.
 - b. We are required by law to take action to protect you if you become an imminent danger to yourself. Action in this situation may include psychiatric hospitalization and/or notifying a loved one of your circumstances.
 - c. By law, if you are a serious and imminent threat to another person, or threaten violence at a specific location, we have a duty to warn that person and/or notify the police or other appropriate authorities.
 - d. If we are directed by a judge in a court of law to reveal information, we must comply.
 - e. Different members of your Sutherland Bipolar Center treatment team (for example, individual and group therapists) will talk with each other to coordinate your care. In addition, therapists meet weekly for group supervision; therefore, therapists other than your own may hear about your treatment. We also may consult with other (non-Sutherland) clinicians (without revealing identifying information) in order to provide you with the best possible care. All of the above-mentioned clinicians are bound by laws of confidentiality.

8. Out-of-session Communication:
 - a. The Sutherland Bipolar Center does *not* offer a 24-hour on-call service. In the event of a clinical emergency, please refer to the document “Out of Session Communication and Clinical Emergencies.”
 - b. It is the policy of the Sutherland Bipolar Center not to use electronic mail (email) to communicate with or about clients. Occasionally you and your therapist may agree that email is the best way for your therapist to provide you with an electronic copy of a handout or similar resource; this will only be done with your permission and your understanding about the limits of confidentiality. Please do not subsequently use your therapist’s email address as a way of contacting him or her, especially in the event of a clinical emergency.

Signing below indicates that you have read this document, you have had an opportunity to ask questions, and you understand your rights as a patient or as the patient’s legal representative.

Signature of client or legal representative Date

Signature of client or legal representative Date



CONSENT TO TAPE &
CONSENT FOR LIVE OBSERVATION

Name of Client(s) (please print)

Some therapists at the Sutherland Bipolar Center are in training under the supervision of an experienced psychologist (Ph.D.), either preparing for their doctoral degree in Clinical Psychology, or accumulating hours towards licensure having already obtained their degree. To further the training of our therapists, we ask your permission to record and/or observe treatment sessions. Audio and video files will be used only for the purposes of supervision/consultation, and shared only with other Sutherland Bipolar Center providers, all of whom are legally obligated to maintain confidentiality. Live observation behind a one-way mirror is rarely used, and is only used in the context of group therapy. *Consent to tape and for live observation is required for participation in the ABC's and XYZ's therapy groups.*

I understand the conditions described above and give permission for recording clinical sessions.

Yes, I give permission for audio/visual recording clinical sessions.

No, I do not give permission for audio/visual recording clinical sessions.

I understand the conditions described above and give permission for live observation of therapy sessions.

Yes, I give permission for live observation of therapy sessions.

No, I do not give permission for live observation of therapy sessions.

Signature of client or legal guardian

Date

Signature of client or legal guardian

Date

Signature of client or legal guardian

Date

Signature of client or legal guardian

Date



FINANCIAL STATEMENT

Client Name(s): _____

Date: ____ / ____ / ____

Standard fees at The Robert D. Sutherland Center are \$100 for 50-minute individual therapy, \$150 for 50-minute family therapy, \$20 for 90-minute skills training group, and \$350 for a diagnostic evaluation with written report. However, the mission of the Center includes assisting people who are not able to afford these fees. This is possible because of the generous support we receive from the Robert D. Sutherland Memorial Foundation. To be considered for a reduced fee, please complete the following financial information:

Number of individuals supported by this income: _____

Your Employment	\$ _____
Spouse's/Partner's Employment	\$ _____
Child Support/Alimony	\$ _____
Unemployment Compensation	\$ _____
Disability/Social Security	\$ _____
Money from Relatives	\$ _____
Other	\$ _____

TOTAL \$ _____ (check one) monthly ___ annual ___

Number of individuals supported by this income: _____

HEALTH INSURANCE:

Do you have health insurance? ___ No ___ Yes

If YES:

What plan do you have (e.g., Cigna; Medicaid)? _____

Does your plan include mental health benefits? ___ No ___ Yes

If yes, do you have benefits remaining for this year? ___ No ___ Yes

What is your co-pay per visit? \$ _____

Please list any extenuating circumstances that may make it difficult for you to afford treatment even if you have income (e.g., money spent on medications or other medical care, large debts, etc.).

I (We) certify that all information provided above is accurate.

Signature of client or legal guardian Date

Signature of client or legal guardian Date