PARKER PEDIATRICS & ADOLESCENTS, P.C.

Serving the Parker community since 1982

10371 Parkglenn Way, Suite 100
Parker, Colorado 80138
Telephone: 303-841-2905
Fax: 303-841-3052 / fax@parkerpediatrics.com

Website: www.parkerpediatrics.com

Behavioral / Mental Health Initial Intake Agreement

- ☐ Crystal Joy, Psy.D.
- ☒ Rachel Tenenbaum, Ph.D.
- ☐ Kristen Wederski, M.A., Doctoral Student, Clinical Psychology

Welcome to your appointment today with PPA Psychology. We want you to please take a moment to read this notice about today's appointment and about payment.

This session will be approximately 45-50 minutes. Your mental health provider will gather the needed information to make a preliminary diagnosis and develop a plan to assist your child. We will then proceed to schedule your child for counseling with us, if necessary, and if we believe that we can meet your child's/family's needs within our practice. If your child is being evaluated for attention disorders, your subsequent visits should already have been scheduled.

If your provider feels that your child would benefit from more intensive or more specific treatment than we can offer, we will then assist you in finding the appropriate placement. We realize that it is often difficult to find suitable behavioral/mental health services, especially within individual insurance plans, and it is our goal to assist you in making this a smooth and satisfying process.

Parker Pediatrics will bill your insurance for all behavioral/mental health visits through your **"medical"** benefits. Due to contract restrictions, we are unable to bill through any mental/behavioral health benefits your plan may have. Feel free at any time to contact our billing department for questions and estimates. Charges are billed to your insurance and processed either by payment in full, applying to your **"medical"** deductible or coinsurance.

We do require that all Psychology patients have a credit card on file and sign our auto policy agreement. We will then automatically run balances on your account at a maximum of $200 per month. If you would like to increase the maximum amount, contact our billing department. The billing department may also contact you when there is a need to discuss increasing your monthly maximum per month. You can always pay up front at the time of service and receive a 15% discount and we will still bill your insurance. For balances higher than the $200 maximum, you will receive a statement.

Please note that certain insurance companies have limitations on the number of counseling sessions that they will allow within designated calendar or plan-specific years.

I have read the above information and agree to make payment if required.

Name of Patient _____ Patient Date of Birth _____

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Rachel Tenenbaum, PhD
Licensed Psychologist

Parker Pediatrics & Adolescents, P.C.
10371 Parkglenn Way, Suite 100
Parker, CO 80138
Tel: 303-841-2905

Date:

Briefly describe why you are here today to see the Parker Pediatrics & Adolescents psychology provider:

Who lives at home with your child?

Person	Relationship	Age

Has your family experienced any changes or stressors recently? Yes or No (Circle One)
If yes, please describe:

What do you enjoy most about your child? What are his/her strengths?

Parker Pediatrics & Adolescents
Behavioral/Mental Health

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INFORMED CONSENT AGREEMENT

I acknowledge that I have discussed and understand information regarding the therapy I am considering. The risks and benefits of treatment have been discussed with me. I have had all my questions answered fully. I wish to be seen as a client for psychological services provided by Parker Pediatrics & Adolescents Behavioral/Mental Health, hereafter referred to as "PPA Psychology". These psychological services may include individual and family therapy and/or psychological testing.

I give my permission to PPA Psychology to observe and to keep records of treatment contacts and sessions with me. I understand email communication is not a secure form of communication and should never be used as a way to contact PPA Psychology in an emergency. I understand that developing a treatment plan with PPA Psychology and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedure provided by PPA Psychology. Our goal as a primary care pediatric practice is to work on improving difficulties in less than 20 sessions and then transitioning to check-in sessions 4-6 times a year, if needed. If long term weekly counseling is deemed necessary, we would refer to a more appropriate setting.

I am aware that I may stop my treatment with PPA Psychology at any time. The only thing I will still be responsible for is paying for services I have already received. I understand that I may lose other service or may have to deal with other problems If I stop treatment (for example, if my treatment is part of an employee assistance program, I will have to answer to my employer).

I know that I must call to cancel an appointment at least 48 hours before the time of the appointment. If I do not cancel or do not show, I may be charged a fee for that missed appointment (if a third party payer is involved, their direction will be followed).

I am aware that an agent of my insurance company or other third-party payer may be given extensive information about the diagnosis, progress, discharge, cost(s), dates(s), and providers of any services or treatments that I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment. Additionally, I understand that the therapist's billing agents will have access to my contact information, as well as dates and charges for services.

I understand that I may not be able to reach my therapist at all times. In the event of an emergency, my alternative contacts are the 24-Hour phone number at Parker Pediatrics and emergency services at a hospital.

The confidentiality of all materials related to my treatment will be protected by PPA Psychology except in the following situations:

1. If I give my written permission for information to be shared with another agency or person,
2. If my insurance company requests information regarding procedures and diagnoses necessary for billing purposes,
3. If there is a suspicion of neglect or abuse of a child or an elderly person,
4. If I (or my child) threaten(s) to seriously hurt myself (him/herself) or someone else.
5. If my records are subpoenaed by court of law.

My signature below shows that I understand and agree with all of these statements.

Signed _____ Date _____

Signature of Patient

Signed _____ Date _____

Signature of Parent, Guardian or Personal Representative (if applicable)

PPA Psychology has discussed the issues above with the client (and/or his or her parent, guardian). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signed _____ Date _____

Parker Pediatrics & Adolescents Psychology

Rachel Tenenbaum, PhD
Licensed Psychologist

Parker Pediatrics & Adolescents, P.C.
10371 Parkglenn Way, Suite 100 | Parker, CO 80138
Tel: 303-841-2905 | Fax: 303-841-3052

DISCLOSURE FORM

It is my practice to provide my clients the following information verbally and in writing during our initial session.

Degrees and Training:	Doctorate of Philosophy, Clinical Science in Child & Adolescent Psychology, Florida International University, 2020 Master of Science, Clinical Science in Child & Adolescent Psychology, Florida International University, 2017 Bachelor of Science, Psychology, Florida State University, 2012 Internship: Children's Hospital Colorado (APA Accredited), 2019-2020 Post-Doctoral Fellowship: Baylor College of Medicine/Texas Children's Hospital, 2020-2021
Licensure:	Licensed Psychologist #5637

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist 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 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-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. 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 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 bachelor's 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 master's 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.

Client's Rights and Important 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 I can determine it), and the fee structure for counseling services at Parker Pediatrics & Adolescents, P.C. Please ask if you would like to receive this information.

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 between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Mental Health Section of the Division of Registrations.

4. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed school psychologist, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and

family therapist, licensed school psychologist, or an unlicensed psychotherapist is privileged communication and cannot be disclosed without the consent of the person to whom the testimony sought relates. There are exceptions to the general rule of legal confidentiality some of which are listed in the Colorado Statutes (C.R.S. 12-43-218) and the Notice of Privacy Rights you were provided. For example, mental health professionals are required to report child abuse to authorities. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There are other exceptions that I will identify to you as the situations arise during therapy.

a. An important consideration is my obligation, by law and ethical standards, to report any suspicion of the occurrence of child abuse or neglect immediately to the proper authorities. Similar obligations exist in the area of suspected elder abuse. Additionally, it is my obligation to comply with any court directions, including subpoenas, whereby I am ordered to disclose information. In most situations, we will have had the opportunity to process this eventuality together prior to any court appearance.

b. Additionally, I am obligated to inform both the person who is threatened and the authorities, should I be informed of intended harm to someone. Should I believe that there is a danger of harm to self or others, it is my obligation to make that information known.

c. When providing services to children and adolescents, it is important that parents/caregivers understand that some information will be held confidential. It is equally important that the child or adolescent understand that knowledge by this therapist of potentially dangerous behaviors be shared with the parent(s)/caregiver(s). Whenever possible, such disclosure will be processed first with the child or adolescent.

5. Brief Description of Therapeutic Method:
The therapeutic model I use is considered to be ecologically-based with an emphasis on cognitive-behavioral therapy (CBT). Ecological means understanding children's behaviors in the context of multiple factors, including and not limited to the child's age, developmental stage and current functioning, medical factors, family and school systems and functioning, and cultural factors. Cognitive-behavioral therapy is an evidenced-based therapy that is based on the idea that thoughts, feelings, and behaviors can influence mental health and can be altered to promote positive behavior and improved well-being. Parent training is a primary component of the therapeutic model I employ and therefore, sessions will often require parents to attend and be a part of the intervention process. Parent training generally focuses on providing psychoeducation to families regarding typical childhood development, learning new or modifying current strategies to child behavior management, and regular practice of skills in the home and community. Additionally, ongoing informal assessment occurs whereby problem behaviors are analyzed to better understand their function and monitored for change.

If you have any questions or would like additional information, please feel free to ask.

By signing below, you are indicating that you have read the preceding information, that it has also been provided verbally, and understand your rights as a client or as the client's responsible party.

	Name of Patient	Date of Birth
Signed	Signature of Patient	Date
Signed	Signature of Parent, Guardian or Personal Representative (if applicable)	Date
Signed	Rachel Tenenbaum, PhD, Licensed Psychologist #5637	Date

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NOTICE OF PRIVACY PRACTICES

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.

Whenever you see the word "you" in this document, it means "you or your child" (if applicable).

Understanding Your Health Information

Each time you visit a Parker Pediatrics & Adolescents Behavioral/Mental Health provider (hereafter referred to as "PPA Psychology"), a record of your visit is made. This record contains information about your symptoms, examinations, test results, medications you take, and the plan for your care. This information is referred to as your health or medical record. It is an essential part of the healthcare provided for you. Please be aware that information provided by you regarding family members and other contacts may be included in the patient record. Your health record contains personal health information and there are state and federal laws to protect the privacy of your health information.

USES AND DISCLOSURES OF HEALTH INFORMATION

PPA Psychology, through Parker Pediatrics & Adolescents, will use your information for treatment.

PPA Psychology will document information in your record about your examination and the care planned for you. Your health information may be used and disclosed by those who are involved in your care for the purpose providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. If another provider referred you to PPA Psychology, with your consent we may send copies of your medical record to that person so he or she will have updated information to help in your care. We may also use health information about you to call you or send you a letter to remind you about an appointment, to follow up with tests results, or to provide you with information about other care that could benefit your health.

Parker Pediatrics & Adolescents, P.C., will use your health information for payment.

Parker Pediatrics & Adolescents, P. C. will send a bill to you or your insurance company. Parker Pediatrics & Adolescents, P.C. may include information that identifies you, as well as your diagnoses, procedures, healthcare providers, and supplies used. Parker Pediatrics & Adolescents, P.C. also may contact your insurance company to determine if they will pay for your medical care as part of their certification process. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

PPA Psychology, through Parker Pediatrics & Adolescents, will use your health information for regular healthcare operations.

Healthcare operations include the business aspects of running the practice. PPA Psychology may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, quality assessment and improvement activities, auditing functions, cost-management analysis, customer service and conducting or arranging for other business activities, For example, we may share your health information with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your health information. For training or teaching purposes your health information will be disclosed only with your authorization.

Other Disclosures: Business Associates

There are some services provided through contacts with business associates (e.g., billing agency). To protect your health information, however, Parker Pediatrics & Adolescents, P.C. requires PPA Psychology to protect your information.

Required by Law

PPA Psychology, through Parker Pediatrics & Adolescents, may also disclose health information required by law to the following entities or types of entities that includes, but is not limited to:

- Food and Drug Administration;
- Public Health or legal authorities charged with disease prevention;
- Correctional institutions;
- Workers Compensation Agents;

- Military Command Authorities;
- Health Oversight Agencies;
- Funeral Directors, Coroners and Medical Examiners;
- National Security and Intelligence Agencies;
- Law enforcement as required by law or in accordance with a valid subpoena.

Marketing

PPA Psychology, through Parker Pediatrics & Adolescents, will not use information in your records for marketing purposes. Other uses and disclosures from your medical record will be made only with your written authorization or approval.

Patient Rights: You have the right to:

- Inspect and obtain a copy of your health record. There may be a charge to cover the cost of copying your record.
- Request an amendment to your health records.
- Obtain an accounting of disclosures.
- Request communication of your health information in a certain way or at a certain location. For example, you can ask that PPA Psychology contact you by mail and not by telephone, or that PPA Psychology contact you at a specific telephone number, or that PPA Psychology use an alternative address for billing purposes, or that PPA Psychology not leave messages on certain answering machines.
- Revoke your authorization to use or disclosure health information except to the extent that action has already been taken.

PPA Psychology, through Parker Pediatrics & Adolescents, has the duty to:

- Maintain the privacy of your protected health information as required by law;
- Provide you through this notice with information as to her legal duties and privacy practices with respect to information she collects about you;
- Abide by the terms of the notice currently in effect;
- Notify you if we are unable to agree to a requested restriction;
- Follow reasonable requests you make to communicate with you as you instruct-for example, contact you at a certain telephone number or address.
- Provide you a paper copy of this notice of privacy practices upon request.

For More Information or to Report a Problem

If you have any questions about your rights, my duties, or my practices and procedures regarding protected health information, please contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. Complaints to the Secretary must be filed in writing on paper or electronically and must be made within 180 days of when you became aware of, or should have been aware of, the incident giving rise to your complaints. By law, you cannot be penalized for filing a complaint.

Your signature below indicates that you have read this document and have had the opportunity to have any questions answered to your satisfaction.

Signed _____ Date _____

Signature of Patient

Signed _____ Date _____

Signature of Parent, Guardian or Personal Representative (if applicable)

Signed _____ Date _____

Parker Pediatrics & Adolescents Psychology

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Late Cancel / No Show Policy
Effective May 1, 2014

Please take a moment to read this notice.

Because of the high demand for psychology appointments in our office, there are special rules that apply to these appointments:

- Psychology appointments (initial evaluations / ADHD evaluations / counseling appointments) require at least 48 hours notice if you need to cancel an appointment with one of our psychologists.
- If any appointment is canceled with less than 48 hours notice prior to the scheduled appointment time, or if you do not show up for a scheduled appointment, there will be an $85 fee for that missed appointment.

I have read the above information and agree to make payment if required.

Patient Name	Date of Birth
Signature of patient, if 18 years or older	Date
Signature of parent/guardian	Date