Balance - IN FOCUS, LLC

Marianne Stenhouse, LCSW, OSW-C, *702 10th Avenue, Longmont, Colorado 80501*
Phone: 720-564-6283

Thank you for your commitment to work with me in this therapeutic relationship. I am a licensed therapist in the state of Colorado. I am required by the state of Colorado to provide the following information.

Marianne Stenhouse holds a Masters degree in Social Work, as well as a specialized Oncology Certification. Marianne Stenhouse is also an EMDR trained therapist. Marianne obtained her Bachelors degree in Psychology from Brandeis University in Waltham, Massachussetts. She obtained her Masters in Social Work Degree from SUNY at Stony Brook, Stony Brook, NY. She is a Licensed Clinical Social worker regulated in the state of Colorado and a Board certified Oncology Social worker through the Board of Oncology Social Work. Marianne has worked for many years as a medical social worker as well as has experience from many years of work in Mental Health organizations. She has worked with individuals, groups and families and has created and facilitated numerous psychosocial support groups.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing section of the Division of Professions and Occupations. The Department of Regulatory Agencies (DORA) has the responsibility of regulating the practice of Mental Health professionals: 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.

It is my hope that you would address any concerns that you may have about your counseling experience directly with me. For your information, the Colorado State Department of Regulatory Agencies regulates the practice of licensed and unlicensed persons in the field of psychotherapy. Any questions, concerns, or complaints regarding the practice of psychotherapy may be directed to: Deparmte of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1370, Denver, CO 80202; Phone: (303) 894-7766.

Marianne provides services with the following guidelines:

- You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time
- In a professional relationship, sexual intimacy is never appropriate and is illegal in Colorado. It should be reported to the Departmet of Regulatory Agencies (303) 894-7766.
- The information provided by you during therapy is confidential and will not be disclosed without your consent or authorization, except as required by law.
- If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for you confidentiality.
- You are entitled to change your therapist anytime at your discretion.
- At the current tiime, Marianne is a part time employee at Rocky Mountain Cancer Centers. Due to conflicts of interest I am unable to see any Rocky Mountain Cancer patients or primary caregivers. Please let me know if you are currently a patient at any of these clinics and I would be happy to connect you with a therapist who does not have this conflict.
- **Availability. I do not carry a pager, nor am I available 24 hours. If you should call during normal busienss hours M-F, 9-5, I will return the call the next business day. If it is a life threatening emergency, call 911 immediately and/or go to the nearest emergency room. Any therapeutic phone calls lasting 10 minutes or longer will be billed, pro-rated at the regular rate. Phone calls are not covered, nor will they be billed to insurance.**

Consent to treatment:
I request services from Mariane Stenhouse, LCSW, OSW-C

Confidentiality:
I understand that my records will be held in confidence pursuant to Colorado Revised Statutes (CS 27-10-101 et.seq. & Standard CF I et.seq.), and the Health insurance Portability and Accountability Acto of 1996(HIPAA). There are exceptions to the rule of confidentiality that can be explained and will be identified to you should any such situations arise during therapy. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, elderly/at risk adult abuse, suicide, grave disability; under a court order, or in response to any legal action taken by you against the therapist.

Destruction of Records:
I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within ten years of the date of termination of this episode (or ten years from the date client reaches age eighteen, if client is a minor).

Email Policy: Because it is not possible to guarantee the confidentiality of email communications, please use discretion in deciding whether to communicate with me via email. Marianne Stenhouse, LCSW, OSW-C, can not be held responsible for any information lost in transit or viewed by a third party. Email should only be used for brief, general questions. Hence therapeutic issues, emergencies, sensitive personal information, and cancellations should all be communicated to me on the phone or in person. I encourage you to refrain from all other email communications, however should you do so, you assume all risks involved. Although, due to technological limitations, confidentiality cannot be guaranteed while using email communications, I will continue to maintain confidentiality of any information I receive through email communications to the same extent that the law allows.

Consent to insurance billing: When applicable, I consent to communication with my insurance company for billing purposes.

As a client, you have the following rights:

- You have the right to revoke this consent at any time.
- To receive treatment only if you or your legal guardian gives permission in writing.
- To be treated with respect and recognition of your need for dignity.
- To receive services based on your individual needs, in a setting, which supports your individual freedoms.
- To actively particpate with your provider in creating a plan for your care. To include other people you think would be helpful to you in creating your plan.
- To confidentiality, and to expect that none of the information about your treatment will be given to anyone without your permission except as required by law.
- To request a change in the person or persons providing your care
- To have your family members involved in your care, at your request. To be represented by your guardian, in the case that you are unable to fully participate in your treatment decisions.
- To receive written notification and request a second opinion if you disagree with your provider's decision to reduce or discontinue your services, or deny you inpatient services.
- To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, genetic information or source of payment.
- To receive assistance from a consumer representative in making a complaint and to receive copies of the complaint/grievance procedure.

I would like 24 hour notice of cancellation of appointments, without cancellation you will be expected to pay for the session, with some consideration of exceptions such as illness or weather. Payment is expected at the time of service. If we are making an insurance claim for your session, all copays are due at time of the visit. If insurance claims are denied for any reason you will be expected to pay for the of the cost of the session. Please be aware that insurance does not pay for cancelled appointment fees. Returned checks will be assessed an additional $35.00 fee. My fees are $125.00 for 55 minute session, $160.00 for 90 minute sessions, $50 for groups or clinical supervision. I also offer a sliding fee scale_____ (please initial that you have read and understand this paragraph).

I have read the information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

_____

Print Client's Name

_____ _____

Signature of Client or Responsible party Date

If signed by Responsible Party, please state relationship to client and authority to consent:

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