

PRACTICE POLICIES/PROCEDURES

Welcome to Four Corners Counseling. I look forward to working with you. Below is some information about my policies and procedures that are important for you to know as a client working with me.

Confidentiality, and the limits of confidentiality.

Generally speaking, the information provided by and to a client during therapy sessions is legally confidential. If the information is legally confidential, the therapist may not disclose the information without the client's consent, however there are exceptions to this confidentiality, some of which are listed in the section of the Mental Health Statute (C.R.S. §12-245-220) and in the Notice of Privacy Practices provided. Your mental health care information may be used or disclosed when I am required or permitted to do so by law or for health care oversight. Such limitations are indicated here:

- I am mandated to report suspected abuse or neglect of a vulnerable population (i.e. minors/elders/disabled) without an investigation to the proper authorities who may then investigate.
- Please be advised that there is no time limit on the mandatory reporting of child abuse. This means that even adult clients who experienced childhood abuse (no matter how long ago) might disclose in therapy past abuse incidents that still fall under the mandatory reporting requirements. The law requires that if there is reasonable cause to know or suspect that the perpetrator has subjected any other child currently under eighteen years of age to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect and/or is in any "position of trust" with children today then past abuse disclosed by an adult client is required to be reported. If you have questions or concerns about these requirements, please discuss further with your therapist.
- I may also take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another person, including those who are identifiable by their association with a specific location or entity, or gravely disabled. Any action I take without your consent will be discussed with you whenever possible.
- Under C.R.S. 27-10-101, I may seek an order for your emergency or involuntary commitment if I feel that you are either gravely disabled or may cause serious harm to yourself or another person.

In situations such as those outlined above, I may be required to take protective actions which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If such a situation arises during our work together, I will make every attempt to discuss it fully with you before taking necessary action.

- If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- If you file an official complaint or lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you choose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement. Information may include information that identifies you, as well as your diagnosis, dates and type of service, and other information about your condition and treatment, but will be limited to the least amount necessary for the purposes of the disclosure.
- If I seek consultation from another mental health professional, that professional is also bound by the same obligation to maintain the confidentiality of client communications. I will reveal only the necessary private information for the purpose of consultation. Please refer to the Notice of Privacy Practices for a complete explanation of your rights
- If another mental health professional is involved in your mental health treatment and I determine that it is important for your treatment, I may collaborate to coordinate care. Your authorization may not be obtained, but you will be advised of this action.
- Clerical persons who may be hired by this practice may have access to limited confidential information. This information is protected from further disclosure and is used solely for administrative purposes.
- Although security measures will be taken to meet standards of confidentiality, communications occurring via electronic media (i.e. cell phones, voicemails, emails, texts, fax) cannot be guaranteed. Email and texting may be used to communicate with your consent. Please note that unless otherwise indicated by you, email is the preferred mode of communication for Four Corners Counseling, however this means of communication will not be used for therapy-related matters. Also, please know that texting is not a reliable nor confidential means of communication and is best used for brief communication (i.e. scheduling) and will not be used for therapy-related matters.
- When I am out of the office for a few days or more, we will discuss how to handle any emergent needs which may arise. If we decide to ask another licensed mental health professional to cover for me, I will then tell that provider only what he/she needs to know to best assist you.
- In our small community, we may encounter each other outside of the therapy office. In this case, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy by greeting you in public. If you acknowledge me first, I will be more than happy to speak briefly with you; however, we will not discuss your therapy outside of the office. I do not engage in social media connections with those I have an active therapeutic relationship with.

Appointments and Cancellation Policy

- If you are more than ten (10) minutes late for your appointment, your appointment may be rescheduled, and you may be charged for the missed appointment. If we choose to keep the appointment at that time, it will end at the regularly scheduled time and the fee will remain the same.
- Appointments will be scheduled on a first come/first serve basis, except for emergencies.
- While scheduling desires and needs may be discussed in session, it is preferred and encouraged that clients take ownership of their scheduling preferences by using the online scheduling portal (<https://www.therapyportal.com/p/fourcorners/>). Appointments may be booked up to 3 months in advance.

Amie R. Bryant, LCSW, CAS

Four Corners Counseling, LLC

- Cancellations must be made 24 business hours in advance (i.e. if you have a Monday appointment, you must cancel Friday). If you do not show for a scheduled appointment and/or you do not cancel prior to 24 hours in advance for non-emergency reasons, Four Corners Counseling reserves the right to charge the full fee for the missed appointment.
- Due to the nature of possible emergencies, Four Corners Counseling reserves the right to be up to ten (10) minutes delayed for the start of each therapy session.

Availability

- Four Corners Counseling is available by phone (970.946.8004) and through text or email (amie@fourcornerscounseling.com), Monday through Thursday, 9am – 5pm. Although this may vary during holiday times, clients will be made aware of such changes as indicated. Messages will be returned within 24 hours (calls/emails/texts received Friday may be returned Monday).
- Four Corners Counseling, if closed for holidays and/or vacations, will ensure clients have access to an appropriate therapist and will be informed of such an arrangement as indicated. Any therapist covering services for Four Corners Counseling reserves the right to charge clients within the limits of their practice. However, to the best of our ability, such arrangements will be made prior to the initiation of services

Emergency Services

- Four Corners Counseling does not provide after hours emergency services. If you are experiencing an emergency and it is outside of business hours, please call the local Axis 24-hour care hotline (970.247.5247), call 911, or go to the nearest emergency department.

Access to records

- A designated record may include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes or treatment summaries, any reports or correspondence, consultations or collateral contacts made, and informed consent disclosures.
- Your records will be stored safely with attention to your privacy for at least 7 years after we stopped working together. In the event that I am no longer able to secure and monitor access to your record, Anna Freeman, LPC, and/or Molly Ahern, LPC, will act as my professional representative. That professional representative will keep your records secure and accessible for the required 7 years.
- Your records are protected by Colorado Statute, HIPAA regulations, and Professional Ethics. Records can only be released with your written permission and direction. If records are requested, my preference is to release a summary of the content related to the request as opposed to the entire treatment record. Colorado Statute, CRS 25-1-803, limits access to a summary after termination.
- If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings. If it is thought that access to your mental health records would harm you, your access may be restricted. You may request, in writing, an amendment or addition to your record. If you were seen in couples sessions, all adults present will have to sign for the release of any record or information gathered from our joint work. Please refer to the Notice of Privacy Practices.

Grievance Procedures

- The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies.. Questions or complaints may be addressed to: Colorado Department of Regulatory Agencies, Mental Health Licensing Section, 1560 Broadway, Suite 880, Denver, CO 80202, (303) 894-7766. Please refer to the Disclosure Statement.
- You have the right to grieve or complain about services, or about the denial of services or treatment rights, and that no retaliation will be made against the client because of the complaint.

Termination

- Termination will usually be agreed upon mutually, however you have the right to terminate services at any time and for any reason. I strongly encourage however, that this decision is discussed prior to your final session, as closure is important for both client and therapist. As you present with a readiness for termination, Four Corners Counseling will discuss that with you as well.
- Four Corners Counseling reserves the right to terminate the relationship for any reason, including but not limited to whenever, in the therapist's opinion, an effective therapeutic relationship cannot be established or maintained. Should this occur, the reason for your termination will be discussed with you, and you will be helped to make different plans for yourself, including referral to a more appropriate resource.
- If you choose to discontinue therapy for more than sixty (60) days without communicating with me or Four Corners Counseling, your therapy will be considered terminated. If you want to resume therapy after termination, please discuss this with me. The ability to resume treatment will depend on availability and will be at my sole discretion.

Treatment

- Treatment recommendations will be determined, to the best of my ability, following an initial session and re-visited periodically through subsequent visits. Therapist and client will work together to determine the most appropriate course of treatment.
- Four Corners Counseling uses an interpersonal approach to each client that incorporates a variety of treatment modalities based on individual cases, including, but not limited to Cognitive Behavioral Therapy, Acceptance & Commitment Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy, Client Centered Therapy and Solution Focused Therapy.
- Therapist will explain treatment modalities, treatment diagnosis, and treatment plans as requested and as indicated.
- Therapist may request that clients complete screening tools, assessments, and homework as part of their treatment.
- Therapist may request client authorization to talk with collateral contacts as appropriate for the benefit of treatment.

Treatment of Minors

- Any minor, age 12 or older may consent to mental health treatment without a parent/guardian. See Notice of Privacy Practices for a complete explanation.
- A minor of any age may consent to substance abuse treatment without a parent or guardian. See Notice of Privacy Practices for a complete explanation.
- If you are consenting to the treatment of a minor child, you will be required to provide a copy of the most recent Court Order Custody Agreement and/or Parenting Plan, if applicable, that gives you the authority to consent to the treatment of the child. By signing this form, you agree to keep me informed of any supplemental court orders or other proceedings that impact your parental rights, custody arrangements, or decision-making authority. Failure to produce the Court Order will prohibit me from seeing the minor child. If there is joint medical decision-making authority for your child, I will require both parents to consent to treatment and will not proceed until such consent is obtained.
- It is beyond the scope of my practice to provide custody recommendations, and any such request will be denied. The Court can appoint professionals who have the expertise to make such recommendations. By signing below, you agree not to subpoena my records or ask me to testify in court or to provide letters or documentation expressing my opinion about custody or visitation. Despite this, a Court may still require me to testify or to provide treatment information to an evaluator. I will comply with these requests as legally required and you will be required to compensate me for time spent providing these services as indicated in the "Professional Fees" section above.
- In the course of treatment with your child, I may involve other family members in your child's treatment. However, please remember that my client is your child, not the other family members of the child. Any meetings with you or other family members will be documented in your child's record. These notes will be available to anyone who has legal access to your child's treatment record.
- When treating a minor client where there is a custody arrangement between the parents or legal guardians (such as a divorce or separation), it is my policy to communicate with both parents/guardians via email (i.e. all communication will "cc" both parties). This policy is necessary to maintain transparency and professionalism, and to ensure the well-being of the therapeutic relationship with the minor client.
- Therapy is most effective when there is a trusting relationship between the therapist and client. Privacy is important in establishing trust, and as a result, it is often important for child or adolescent clients to have a level of privacy around the therapy. It is my policy to provide parents with general information about their child's treatment, but not to share specific information disclosed during therapy. This includes behaviors that you may not approve of but which do not place your child at imminent risk or danger. If I ever feel that your child is in danger, I will communicate this information to you. By way of example, if your child tells me that they have tried alcohol a few times at parties, I will not generally share this with you. If your child shares that they have been drinking and driving or riding with a drunk driver, I would share this information with you. If you have questions about the types of information I will share, you can feel free to ask me hypothetical questions about situations that I would or would not disclose to you.
- Although you may have the legal right to access any written record I keep, by signing this agreement you are agreeing that your child or adolescent should have privacy around their therapy and you agree not to request access to your child's full record.

Health Care Benefits

- At this time, Four Corners Counseling is not currently billing insurance companies directly. At your request, I will provide you with necessary paperwork/statements to submit to your insurance provider for potential reimbursement. In the event you choose to use your health care benefits and my services are reimbursable under your plan, you may have to give me written authorization to release required information should it be requested. Released confidential information may range from identifying information, diagnosis, dates and types of sessions and charges, to an assessment with treatment goals and progress reports when your benefits come under managed care. My policy is to provide the least amount of information necessary for the purpose of authorizing benefits, however I can no longer be in control of the storage or access to your confidential information when it is given to a third party. The insurance company will determine benefit coverage and the kind of service for which they will reimburse.

Couples

- Whenever more than one related person is seen by me, issues around confidentiality and conflicts of interest must be discussed. Related individuals must be fully informed about the planned work and in order to protect my role as therapist, each person must agree to respect the confidentiality of other related members. Any release of information about related members will require a signed authorization. In addition, each person must agree to not involve me in litigation with the other.

"No Secrets" Policy

- When treating a couple or a family, the couple or family is considered to be the client. If one member of the couple or family discloses information that is directly relevant to the treatment of the couple or family, in most cases, that information will become part of the record and can be accessed by other members of the family or couple, and the information will likely be shared with the other members of the couple or family for the sake of facilitating treatment. I will use my best judgement in deciding when or if such disclosures will be made and, whenever possible, I will first give you the opportunity to share the information yourself. In addition, if a request is made for the records of couple or family therapy, records will only be released with the consent of all parties, and any information that is released will be released to both members of the couple or to all adults engaging in family therapy. This "no secrets" policy is intended to allow me to continue to provide therapy to the family or couple by preventing, as much as possible, conflicts of interest that may arise. If you feel it necessary to talk about matters that you do not wish to have disclosed, you should consult with a separate therapist for individual treatment.

Litigation

- If you are involved in divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the Court concerning parenting or custody issues, nor to testify in Court concerning an opinion or issue involved in the litigation. Only Court appointed evaluators can make recommendations to the Court on disputed issues concerning parental responsibilities and parenting plans. Information discussed in therapy is meant for your exclusive use in healing and growth. If you request a substance use evaluation from me, that evaluation may be released directly to you, or to a designated party (i.e. attorney) with written consent by you. By signing my disclosure statement, you agree to not call me as a witness in any litigation.

Acknowledgement

If you have any questions or would like additional information, please feel free to ask. By signing this document electronically, I agree that I have read the preceding information, I understand the information contained in this form, and all my questions have been answered to my satisfaction.