



## **INFORMED CONSENT AND MANDATORY DISCLOSURES**

Welcome to Creative Connections. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

## **THERAPIST DISCLOSURE**

### ***About Lindsay***

I am the owner and therapist at Creative Connections. I have had over 20 years of experience in the field of applied behavior analysis. I have worked with individuals and families targeting behavioral symptoms related to intellectual disabilities, autism, ADHD, conduct disorders, addiction, Down syndrome, and trauma. I also have experience working with individuals and families dealing with challenging behavior within their family, home, work environments, school, or social relationships. My work experiences have spanned ages, developmental stages, and environments since 2001.

I maintain a private practice that supports families, siblings, parents, and individuals managing challenging behaviors. I specialize in social development and relationship development within family and peer systems. I utilize only evidenced based practices supported in the field of behavior analysis.

### ***Academic Training***

California Southern University

Psy.D, Doctorate in Clinical Psychology

2018-current (anticipated completion 2022)

University of North Texas

Post-graduate, Behavior Analysis

2008-2010

Boise State University

M.A., Master of Arts. Early Childhood Education and Special Education

2004-2006



Rocky Mountain College  
 B.A., Bachelor of Arts, Psychology  
 1997-2001

**NOTICE OF FEES**

Services Offered and rates (\*Rates are based on current Medicaid, Private Insurance and similar private practice rates published for the 2019-2020 calendar year)

<b>Service</b>	<b>Brief Description</b>	<b>Fee/HR</b>	<b>CPT Billing Code</b>
Family or Individual Intake *90-120 minutes	Behavioral assessment including pertinent file history review, interview, and direct assessment or observations	<b>\$90.00</b>	<b>97151</b>
Direct Behavior Therapy *60-90 minutes	Individual direct behavior analytic therapy utilizing clinical behavior analysis and/or applied behavior analysis to address targeted goals and behaviors.	<b>\$90.00</b>	<b>97155</b>
Family Guidance or Consultation Services	Parent, school or caregiver support and training on recommended behavior analytic interventions for supportive behavior change.	<b>\$90.00</b>	<b>97156</b>
Assessment and Report Writing *Per 15-minute increments	Conducting assessment, scoring or analysis and report writing by Behavior Analyst. **as requested for Insurance approval or upon request	<b>\$22.50</b>	<b>97151</b>
Meeting Attendance *Per 15-minute increment	Attendance of Behavior Analyst for placement determination, professional collaboration, evaluation, or recommendation/referral.	<b>\$22.50</b>	
Legal Proceedings		<b>\$250</b>	



## **CLIENT RIGHTS**

### **Therapy Services**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

**Licensing and Certifications:** I am currently in the process of completing my doctoral program in Psychology (PsyD) and subsequent training. I am currently practicing as a Board-Certified Behavior Analyst, proficient in Applied and Clinical Behavior Analysis. The procedures used in behavioral therapy are derived from the principles of Applied Behavior Analysis and will consist of principles of ABA to institute behavior change. You can view any information pertaining to my certification, file a complaint with the board or review certification verification at <https://www.bacb.com>.

BACB: #1-11-8271

**What to expect:** The first 1-3 sessions will involve a comprehensive evaluation of your needs and when necessary, a functional behavioral assessment or functional behavior analysis may be warranted. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion, or to refer you to another service provider.

There are no guarantees about the outcome of behavioral therapy. Any type of therapy requires a very active effort on your part. In order to be most successful, you will have to implement the interventions and behaviors outside of our sessions.

I do not accept clients or implement treatment if I do not feel my professional services can be helpful to you. In this case, I will make a recommendation to other professionals that may better address your needs either with different approaches to treatment or for further evaluation and assessment needs.

## **APPOINTMENTS AND CANCELLATIONS**

Appointments will ordinarily be 60, 90, or 120 minutes in duration, once per week at a time we



agree on, although some sessions may be more or less frequent as needed. Appointments occur in environments and settings determined most appropriate for your treatment needs. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24-hrs notice. I will extend the same courtesy should I need to cancel for any reason. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

### **PROFESSIONAL FEES**

My fees vary based on insurance coverage, co-pay, Medicaid eligibility and services offered. Some insurances cover behavioral therapy and you may discuss these with your health insurance carrier. I am currently accepting private pay and some private insurance companies, based on rate negotiations, in network status and insurance requirements based on diagnosis and licensure. If services are not covered by a payee, and you choose to private pay for services, I will invoice my service, biweekly.

#### ***Insurance and Medicaid***

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your therapy.



In addition, if you are enrolled in Medicaid, I cannot accept you as a private pay client, but I can make referrals to you for Medicaid providers, based on your treatment needs. By signing this document, you are stating you or your child are not enrolled in a Medicaid program. It is not allowed, by law, for Creative Connections to provide treatment to Medicaid enrolled persons as I am not a Medicaid provider.

If you receive Out of Network (OON) benefits from your insurance provider, I can provide you with a superbill each month to submit to your insurance for your personal reimbursement requests. You are responsible to check with your insurance provider to determine if behavioral services are covered in your OON plan and that codes for adaptive behavior treatment are covered. The CPT codes are listed in the fees section of this document.

### ***Payment***

Payment for service will be billed biweekly via invoice. Payment is due at time of invoice and can be made via check at this time. If your treatment is covered by insurance, your insurance company will be billed for services at time of service and any remaining fees will be billed directly to you. If a delinquent balance occurs and you are unable to make payments, I ask that you discuss this with me as soon as possible. In the event you do not pay for agreed upon services, I reserve the right to waive confidentiality and involve collection agencies in pursuing collection of payment.

### **PROFESSIONAL RECORDS**

I am required to keep appropriate records of the services that I provide. Your records are maintained in a secure location in the office. I keep brief records of our session in anecdotal notes, behavioral data collection, recommendations made during sessions, goals we set for treatment and progress summary. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

### **CONFIDENTIALITY**

My policies about confidentiality are in accordance with the American Psychology Association (APA) ethical principles and codes of conduct. A complete list of these codes can be viewed at <https://www.apa.org/ethics/code/index>. I keep your personal information confidential and will only discuss matter of your treatment with those individuals or organizations you have authorized. Authorizations for disclosure of information will be established through release of information forms and disclosure statements.



In the event information you share during treatment falls within the category of mandatory reporting and duty to report such as abuse, neglect, or intent to harm yourself or another person, I reserve the right as my duty to report. Serious threats or attempts to harm yourself or others, I maybe obligated to seek hospitalization or contact a family member who can provide protection. Colorado law (CRS-21-10-101 & 13-21-117) allows professionals to disclose confidential information to medical, law enforcement agencies or child protection services if there is a professional judgement of prominent and imminent physical injury. If, based on presenting factors, I feel there has been physical, sexual, emotional abuse or neglect, I am required by law (CRS 19-3-301), to report to appropriate government officials. Please note there is no time limit on mandatory reporting of child abuse.

### ***Telehealth***

Online video conferencing sessions are available as telehealth sessions. Creative Connections uses private HIPAA complaint platforms. Should telehealth session be initiated you will be required to sign an additional telehealth consent form.

### ***Social Media***

This policy is in place to ensure client privacy. Many social media sites (YouTube, Instagram, Facebook) are not HIPAA-secure. Creative Connections and subsequent companies' BX Builders have separate social media presence from personal social media accounts. Should you choose to follow or join groups for Creative Connections or BX Builders on social media, you are acknowledging I cannot ensure confidentiality or privacy in these instances.

### **CONTACTING ME**

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of professionals covering my practice.

### **OTHER RIGHTS**

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of



payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

### **TERMINATION OF SERVICE**

If you determine that our agreed upon course of treatment, payment for service or ability to participate is no longer feasible, you have the right to discontinue services at any time or ask for another professional referral. I also maintain the right to discontinue services if you have 3 or more no show, no notice appointments, have not paid for services for up to 3 sessions or are not an active participant in therapy. Upon termination, I will submit a written notice for termination and work with you to find more appropriate treatment option.

### **COMPLAINTS**

The practice of Behavior Analysts is regulated by the Behavior Analyst Certification Board ([www.bacb.com](http://www.bacb.com)). Any complaints or concerns regarding my professional practice of behavior analysis or behavior analysis in general, should be directed to: 8501 Shaffer Parkway, Littleton, CO 80127. (720) 438-4321.

I am a clinical behavior analyst and therefore authorized by the BACB to provide behavior therapy. Professionals who are certified by the BACB are independent practitioners who are authorized to provide behavior analytic services. The practice of licensed, certified, or unlicensed mental health professionals is regulated by the Department of Regulatory Agencies ("DORA"). BCBA's are currently considered "unlicensed" mental health professionals and are still regulated by Colorado's department of regulatory services.

### **CONSENT TO TREATMENT**

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

I \_\_\_\_\_ further give my consent for necessary assessments and behavior analysis to be conducted or as deemed appropriate by a Creative Connections, LLC representative. I understand that at the onset of treatment some behaviors may increase and get worse in the environment where treatment is occurring and/or in settings other than the treatment setting. Once a procedure has been explained to me, I understand this treatment protocol will be used. I understand that I may revoke this consent at any time. However, I cannot revoke consent for action that I have previously agreed to or action that has already taken place.



By signing this agreement, I agree with the terms outlined in this document.

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**Client signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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

**Guardian signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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

**Creative Connections representative:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_