Gentle Wellness Practice Policies

Jami “Jade”, LCSW
970.200.2199
gentlewellnessthroughplay@gmail.com
License #CSW.09923635

Welcome to Gentle Wellness Through Play, LLC!
Thank you for the opportunity to work with you. Please see information below regarding practice policies and guidelines. Feel free to reach out with any questions or concerns.

APPOINTMENTS AND CANCELLATIONS: We value your time and ours in the work it takes to achieve personal growth and success in therapy. Appointments are 50 minutes long. Please remember to cancel or reschedule 24 hours in advance. You will be charged a $75 fee if cancellation is less than 24 hours. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If you are more than 20 minutes late for your session, your session will be considered a no-show and the remainder of your session time will be forfeited and will be charged a $75 fee. If you miss a session entirely, your card on file will be charged $75. If a weather advisory or warning is in effect, teletherapy will be offered. If you choose to cancel due to severe weather, the cancellation fee will not apply.

PAYMENT AND BILLING: My session fees are the following: $135 per 50 minute session, for self-pay clients. I do accept insurance. I can offer sliding scale options, if finances are difficult for you. Clients may log in to their client portal and obtain copies of statements or superbills. Clients are responsible for determining whether their insurance company reimburses for out of network providers. Full payment is expected at the time of each appointment, unless otherwise arranged. Credit cards are acceptable forms of payment. Fees are reviewed and modified annually. Clients are notified of any change in fee 30 days prior to it taking effect. A $25 administrative fee will be assessed if the payment is declined for insufficient funds. For additional services, such as documentation, attending meetings, providing consultation, or phone calls longer than 15 minutes, I may charge a pro-rated amount, based on our standard session fee. In cases of failure to pay fees, I may enlist the services of a collection agency to collect outstanding debt if necessary. In-network insurance will be billed directly. For out-of-network insurance, you may request a statement to seek reimbursement.

TELEPHONE ACCESSIBILITY: If you need to contact me between sessions, please leave a text or voicemail message at 970.200.2199. My voicemail cannot be used as an emergency service. If I am not immediately available, I will attempt to return your call or text within 48 hours. I return text messages between the hours 8am-8pm. Please note that I do not work on Sundays. In the case of a psychiatric emergency or crisis, please go to or call North Range Behavioral Health Walk-In Crisis Center at 970-347- 2120 or SummitStone Health Partners Walk-In Crisis Center at 970-494-4200. In case of an immediate emergency, please call 911.

SOCIAL MEDIA AND TELECOMMUNICATION: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss further.

ELECTRONIC COMMUNICATION: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. If you and I choose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

CLINICAL NOTES: Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body

language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally to the therapist.

MINORS: A parent/guardian of a client under the age of 12 is required to remain on-site during all individual sessions. Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, in compliance with Colorado law and HIPAA Standards. Privacy allows children and adolescents to better benefit from the therapy process as they can more openly express themselves. By consenting to services with me, you are agreeing that I may hold your child's therapy disclosures confidential. I will inform parents of any significant safety concerns that the minor may disclose. If you are a minor, your parents may be legally entitled to some information about your therapy. There may be situations, however, where I am required by law to disclose certain information to certain parties. More about confidentiality and mandatory reporting of minors is below. Please feel free to ask me if you have any questions.

CONFIDENTIALITY: The knowledge that the information you provide during your treatment sessions is legally confidential in the case of mental health/substance abuse care professionals except as provided in Colorado Statue 12-43-218 and Federal Statue 42 CFR and except for certain legal exceptions, which will be identified by your mental health/substance abuse care professional should any situation arise during your treatment. Information that you discuss with your therapist is usually confidential and will not be discussed with anyone not covered under the HIPAA regulations. This means that under most circumstances what is told in a therapy session will not be reported to anyone, even to other family members (except for therapeutic purposes, in case of a minor). If you wish for information to be disclosed, you may sign a request to release information. There are limits to confidentiality under any of the following circumstances: 1) If you are a danger to yourself. 2) If you threaten serious harm to others. 3) If I have reasonable suspicion or am told of abuse or neglect of a child, elder, or dependent adult. 4) If I am ordered by a court to release records or as otherwise required by law. 5) If you are using a mental health insurance policy to pay for your visits, I may be required to provide certain diagnostic and treatment information to obtain payment for services. 6) To coordinate services with your primary care provider, your psychiatrist, your referring doctor and/or other relevant providers as stated in the HIPAA regulations.

DIVORCE/CUSTODY CASES: If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody, parenting issues, serve as an expert witness, OR to provide testimonial services. By signing this Treatment Disclosure, you agree NOT to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree NOT to request that I write any reports to the court or to your attorney, making recommendations concerning custody. *The court can appoint professionals, who have no prior relationship with family members, to investigate and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.* Should you or your attorney subpoena me as a factual case witness or involve me in court-related proceedings, you agree to pay me $300 for every hour of my time involved including case preparation, phone calls with attorneys, travel and witness time. If a subpoena is issued, it will be turned over to my

attorney and they will consult with that attorney as necessary. A bill will be rendered to you for payment when a subpoena is issued. Please let me know before establishing a counseling relationship if you are attending therapy for court or court-related purposes/motives.

TERMINATION: Ending relationships can be difficult. Therefore, it is important to have a termination process in place in order to achieve closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Acknowledgement of Receipt General Practice Policies

By signing this form, I certify: That I have read or had this form read and/or explained to me. That I fully understand its contents including the risks and benefits of telehealth. That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

I consent to sharing information provided here.