

GLORIA KOHL, MS #0014997

2975 Valmont Road, #300

Boulder, CO 80301

Office: 720-936-7963

LIMITS OF CONFIDENTIALITY POLICY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or if a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients (less than 15 years old) have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Couples and Family Counseling

Sessions with couples or families will be charged at the regular rate for counseling. Sessions can be 50 minutes for \$90; 75 minutes for \$135 or 90 minutes for \$160. Should I see any individual in a private session, I reserve the right to bring that information into the joint session if I feel it is necessary to treatment of the couple or family. However, confidentiality of the individual sessions remains with the individual and me. Please note this is different than individuals in counseling and their privilege of confidentiality. Regardless of the outcome of therapy, if there is any disagreement between the members of the couple or family, I will not appear in court for divorce proceedings or child custody information. If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Confidentiality Sheet, 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 conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

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Litigations

When a client makes mental health treatment a point of litigation not related to custody or divorce proceedings, right to confidentiality is waived and the therapist may be compelled to release client records, give a deposition, and/or testify in court. For example, if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by this therapist. Similarly, in response to client involvement in a criminal or civil lawsuit, the client's therapist may be compelled to release client records, give a deposition, and/or testify in court. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family. Gloria Kohl will not release records to any outside party unless she is authorized to do so by all adults who were part of the treatment. She will release information regarding any individual who can give and sign a Release of Information regarding their experiences in therapy. Clients will be responsible for all fees (pro-rated on a rate of \$90 per 50 minutes) associated with Gloria Kohl's time required to release client records or respond to legal requests.

DUAL RELATIONSHIPS

Not all dual relationships are unethical or avoidable. Therapy never involves sexual or any other dual relationship that impairs objectivity, clinical judgment, or therapeutic effectiveness or can be exploitative in nature. If it was necessary, I will assess carefully before entering into non-sexual and non-exploitative dual relationships with clients. In general, I will avoid creating any type of dual relationship with a client. I will never acknowledge working therapeutically with anyone without your written permission. Dual or multiple relationships can enhance therapeutic effectiveness but can also detract from it and often it is impossible to know that ahead of time. If for some reason, a dual relationship inadvertently occurs, it is your, the client's, responsibility to communicate to me if the dual relationship becomes uncomfortable of you in any way. I will always listen carefully and respond accordingly to your feedback and will discontinue the dual relationship if I find it interfering with the effectiveness of the therapeutic process or the welfare of you the client and, of course, you can do the same at any time.

Health Insurance & Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Gloria Kohl, only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly the Psychotherapy Notes will not be disclosed to your insurance carrier. Gloria Kohl has no control or knowledge over what insurance companies do with the information he/she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress-approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data has been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

Confidentiality of E-mail, Cell Phone, Texts and Fax Communication

It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify Gloria Kohl at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies. Please note that the business number for Gloria Kohl IS a cell phone.

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I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

Client Signature (Client's Parent/Guardian if under 18)

Date

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FEES AND CANCELLATION POLICY

My fees are \$100 for 50 minutes and additional scheduled time will be pro-rated on that rate. I accept checks or cash at the time of our session. Square and PayPal will require an additional \$4 service fee. Venmo usually does not require any service fees.

If you fail to cancel a scheduled appointment without 24 hours notice, it is very likely I will be unable to fill that time on such short notice and you may be charged a full session fee. If your missed session is not due to illness or an emergency and I cannot fill the space, you will be billed for the missed session.

Fees will also be charged for any preparation for legal matters on behalf of the client.

Thank you for your consideration regarding cancellations.

Client Signature (Client's Parent/Guardian if under 18)

Date

Client Signature (Client's Parent/Guardian if under 18)

Date