



MANDATORY DISCLOSURE STATEMENT

Client Name: _____ Client ID#: _____ D.O.B: _____

Clinician Name: _____ Degrees, Credentials, Licenses, Experience, Training: _____

Please call SummitStone Health Partners at 970-494-4200 regarding your services and appointments.

SummitStone Health Partners has a Client and Family Advocate. The Client and Family Advocate may be contacted if you have any compliments or concerns about the services you are receiving. SummitStone Health Partners' **Client and Family Advocate can be reached at (970) 494-4359, 4102 South Timberline Road, Fort Collins, CO 80525.**

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 (303) 894-7800, 1560 Broadway, Suite 1350 Denver, CO 80202.**

As to the regulatory requirements applicable to mental health professionals: A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-master's supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a master's degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified and no degree, training or experience is required.

We provide services in accordance with the following guidelines:

- A client is entitled to receive information about the methods of therapy, the techniques used, the duration or therapy, if known, and the fee structure.
- A client may seek a second opinion or terminate therapy at any time.
- In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the clinician or staff member.
- Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions which are listed in the Notice of Privacy Rights that you were provided with as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report alleged child/elder abuse or neglect to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.
- Any client who alleges that a non-medical mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the client discovered or reasonably should have discovered this. Pursuant to law, this Community Mental Health Center will maintain records for ten years past the date of last contact or ten years past the date of majority.

Consent to Treat

I consent to treatment recommended by SummitStone Health Partners. I authorize the release of any medical information necessary to process claims, and the review of any third-party prescription history necessary to facilitate treatment. I have read the preceding information; it has also been provided verbally and I understand my rights as a client. **Medicaid recipients can obtain a copy of the Medicaid Member Handbook by visiting the Health First Colorado website at: <https://www.healthfirstcolorado.com/>.**

Client Signature: _____ Date: _____

Witness: _____ Date: _____

If signed by someone other than the client, please print name and legal authority to sign for client.

If client did not sign, state reason.

Your rights and responsibilities as a client of SummitStone Health Partners:

It is important to know your rights and responsibilities. Some of these rights are about your services. Some are about you. You also have responsibilities. Please review the important information on the back side of this agreement .

TREATMENT RIGHTS FOR PERSONS IN COLORADO MENTAL HEALTH AND ADDICTION TREATMENT PROGRAMS

You have the right to:

1. Be free from discrimination on the basis of race, religion, gender, age, disability, health status, gender identity or sexual orientation.
2. Be treated with dignity and respect.
3. Be told what your diagnosis means.
4. Get information about your treatment choices so that you can understand.
5. Take part in decisions about your treatment.
6. Refuse treatment, except as stated in law.
7. Have a service plan for your treatment with your input.
8. Be told about medications you take, and the side effects.
9. Get treatment from people who are competent and who understand your culture.
10. Make a Medical or Behavioral Health Advance Directive and expect your directions to be followed.
11. Be free from any action by your provider to control you, make you do something, discipline you through any form or restraint or seclusion, or take away your rights.
12. File a complaint and get help to file it about the services you are receiving, the denial of services, or violation of treatment rights.
13. Get special services such as translation or oral interpretation of the language you speak, signing if you are hard of hearing or audio or large print if needed for poor vision.
14. Ask for and get a copy of your records, and request that they be changed or corrected.
15. Get information about your mental health and/or substance used disorder benefits and how to use them.
16. Any other rights under state or federal law.
17. Be informed of requirements regarding the confidentiality of Substance Use Disorder Patient Records for Substance Use Disorder Services.
18. Be considered for re-admission to the agency without prejudice from previous treatment experiences at this or any other treatment facility.
19. Have your rights explained to you in a language you can understand and are given a copy of your rights as part of the intake/admission process.
20. Be free of physical abuse, sexual abuse or harassment, physical punishment, psychological abuse including humiliating, threatening, exploiting actions, and fiduciary abuse.
21. Access emergency services. There are crisis services available 24-hours a day, seven days a week, and 365 days a year through SummitStone Health Partners, your local hospital's Emergency Room, or via the Colorado Crisis line at (844) 493-8255
22. Request, prior to initiation of care or treatment, the **estimated average charge to the patient for non-emergent care**. This includes reasonable assistance with determining the charges which may include deductibles and copayments that would not be covered by a third-party payer based on the coverage information supplied by the patient or patient designated representative. In discharging its responsibility hereunder, a health care entity may provide the estimated charge for an average patient with a similar diagnosis and inform the patient or the patient designated representative that there are variables that may alter the estimated charge.
23. Upon your request, receive the **health care entity's general billing procedures**.
24. Upon your request, receive an **itemized bill** that identifies treatment and services by date. The itemized bill shall enable patients to validate the charges for items and services provided and shall include contact information, including a telephone number for patient billing inquiries. The itemized bill shall be made available either within 10 business days of the request, or 30 days after discharge for inpatients, or 30 days after the service is rendered for outpatients – whichever is later.

The following Rights are specific to the Mental Health Managed Care Program under Medicaid. Under Medicaid, you have the right to:

1. Receive written information about SummitStone Health Partners, its services and network providers.
2. Choose a provider from the provider network.
3. Request that a specific provider be considered for inclusion in the network.
4. Express an opinion about SummitStone Health Partners' services to regulatory agencies, legislative bodies, or the media without harmful effect to your services.
5. Request an External Review when a Second Level Internal Review results in a denial of services.

Your responsibilities:

1. Follow your plan of care and participate in treatment.
2. Tell your doctor or therapist if there is something in your service plan that you do not understand.
3. Give your therapist or doctor the information he or she needs to give you good care.
4. Come to your appointments on time. Call ahead if you are unable to keep an appointment.
5. Let us know when you change your address or phone number.
6. Treat others with the same courtesy and respect that you expect to be treated.

Concerns regarding the practice of Behavioral Health programs may be addressed to:

Colorado Office of Behavioral Health 3824 West Princeton Circle, Denver, CO 80236

Phone: (303) 866-7400 or Email: cdhs_communications@state.co.us

Substance Use Disorder Treatment Services are also monitored by Signal

Signal Behavioral Health Network 6130 Greenwood Plaza Blvd., Greenwood Village, CO 80111

Phone: (303) 639-9320