

Clinton B. Clark, MA, LPC  
Counselor/Group Leader  
PO Box 365; Conifer, CO 80433  
Phone: 303-591-7675 / email: [clint@clintclarkma.com](mailto:clint@clintclarkma.com)  
[www.clintclarkma.com](http://www.clintclarkma.com)

### **Important Information and Policies as You Begin Counseling**

Thank you for choosing me as your counselor. I am a licensed professional counselor (LPC) #4746 with the State of Colorado Department of Regulatory Agencies. I consider it a privilege to serve you and help you accomplish your goals. I work with a wide array of clients and issues. Some areas of special concentration are: sexual addiction, sexual compulsion, gender identity issues, issues of trauma, abuse or abandonment (spiritual, emotional, physical, sexual), marriage issues, adolescent issues, masculinity/femininity, and spirituality.

It is my commitment to you to provide the highest level of ethical, professional counseling and spiritual care. Please take a moment and review the following information. If you have any questions, please don't hesitate to bring them to my attention.

#### **Office Hours and Availability**

Office hours and counseling sessions are by appointment. My regular hours are 8 a.m. to 5 p.m., Monday through Friday. Based on the nature of my practice, I am unable to provide counseling services to clients who require 24-hour care. I do not carry a pager, however, I check my voice mail several times a day and strive to return phone calls within twenty-four hours Monday through Friday; calls after 5 pm on Friday will be returned early Monday. If you have a counseling emergency and cannot reach me your options include contacting: 1) Metro Crisis Services 24-Hour Crisis Line at 888-885-1222, 2) Community Reach Mental Health 303-853-3500, 3) dialing 911, 4) proceed immediately to your nearest hospital emergency room.

#### **Fee Schedule and Payment Policy**

Currently, my standard rate for counseling services is \$125.00 per 50-minute session. Cash, personal checks, money orders and most major credit cards are accepted. All fees are due at the time of service, at the beginning of each session, in order to maximize the use of time during your scheduled appointment. If special arrangements are made with you for payment and you fail to follow through, it is my ethical prerogative to terminate counseling until payments are up-to-date. If you request additional counseling time beyond the regular session (i.e., phone sessions, extra meetings, extended or intensive sessions, consultation) this time will be charged to you on a prorated basis.

**Cancellation and Missed Appointments**

I understand that at times it may be necessary to cancel an appointment. To help me be both efficient and responsible in the use of my time, I ask that any changes or cancellations be made at least 24 hours in advance. Except in the event of emergencies and other extenuating circumstances, the full fee will be charged for missed sessions when 24-hour notice is not given. In the same way, because your time is as valuable as mine, should I ever miss a scheduled appointment with you without giving you adequate notice, I will provide the subsequent session at no charge.

**Client Contact Information for Messages and Written Correspondence**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**Clinton B. Clark, MA, LPC has permission to contact me at the following: (check all that apply)**

- Home telephone # \_\_\_\_\_
  - OK to leave a message with detailed information
  - OK to leave a message with other family members
- Cell Phone # \_\_\_\_\_
  - OK to leave a message with detailed information
  - OK to leave a message with person answering
- Work Telephone # \_\_\_\_\_
  - OK to leave a voicemail message with detailed information
  - OK to leave a message with \_\_\_\_\_

**Written Communication**

- OK to mail to my home address
- OK to mail to my work address: \_\_\_\_\_

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- OK to fax to this number: \_\_\_\_\_
- Other: \_\_\_\_\_

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Signed: \_\_\_\_\_  
Printed: \_\_\_\_\_  
Date: \_\_\_\_\_

## HIPAA/Privacy

### NOTICE OF PRIVACY RIGHTS

This Notice Describes How Medical [Including Mental Health] Information About You May Be Used And Disclosed And How You Can Get Access To This Information. **Please Review It Carefully.** During the process of providing services to you, Clinton B. Clark, MA, LPC (CBC) will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

#### I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Client's Consent: CBC will use and disclose protected health information in the following ways.

1. *Treatment.* Treatment refers to the provision, coordination, or management of healthcare [including mental health care] and related services by one or more health care providers. For example, CBC may use your information to plan your course of treatment and consult with other healthcare professionals to ensure the most appropriate methods are being used to assist you.

2. *Payment.* Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, CBC will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.

3. *Health Care Operations.* Health Care Operations refers to activities undertaken by CBC that are regular functions of management and administrative activities. For example, CBC may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

4. *Contacting the Client.* CBC may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

5. *Required by Law.* CBC will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disabled; (e) when required to report certain communicable diseases and certain injuries; and (f) when a Coroner is investigating the client's death.

6. *Health Oversight Activities.* CBC will disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary

for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.

7. *Crimes on the premises or observed by CBC personnel.* Crimes that are observed by CBC staff, directed toward staff, or occur on CBC's premises will be reported to law enforcement.

8. *Business Associates.* Some of the functions of CBC are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

9. *Research.* CBC may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed.45 CFR § 164.512(i).

10. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payors and others, as necessary to provide the care and management coordination needed.

11. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

12. *Emergencies.* In life threatening emergencies, CBC will disclose information necessary to avoid serious harm or death.

B. *Client Authorization or Release of Information.* CBC may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent CBC has already taken action in reliance thereon.

## II. YOUR PRIVACY RIGHTS AS A CLIENT

A. *Access to Protected Health Information.* You have the right to inspect and obtain a copy of the protected health information CBC has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask CBC for the appropriate request form.

B. *Amendment of Your Record.* You have the right to request that CBC amend your protected health information. CBC is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be

provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask CBC for the appropriate request form.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures CBC has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask CBC for the appropriate request form.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. CBC does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask CBC for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from CBC by alternative means or at alternative locations. For example, if you do not want CBC to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask CBC for the appropriate request form.

F. Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

### III. ADDITIONAL INFORMATION

A. Privacy Laws. CBC is required by State and Federal law to maintain the privacy of protected health information. In addition, CBC is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. CBC is required to abide by the terms of this Notice, or any amended Notice that may follow. CBC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in CBC's service delivery sites and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe CBC has violated your privacy rights, you have the right to complain to CBC. To file your complaint, call 303-591-7675. It is the policy of CBC that there will be no retaliation for your filing of such complaints. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street – Room 1426, Denver, CO 80294; (303) 844-2024; (303) 844-3439 (TDD); (303) 844-2025 FAX

D. Additional Information. If you desire additional information about your privacy rights with CBC, please call CBC at 303-591-7675.

E. Effective Date. This Notice is effective August 1, 2005.