

## VERTEX INTEGRATIVE PSYCHOTHERAPY (VIP) DISCLOSURE STATEMENT AND PSYCHOLOGICAL SERVICES AGREEMENT

This services agreement 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 with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices for use and disclosure of PHI for treatment, payment and health care operations. The law requires that I obtain your signature acknowledging that I have provided you with this information. Although these documents are long and sometimes complex, it is important that you read them carefully before our first session. We can discuss any questions you have about the procedures at that time. When you sign this document, it will also represent an agreement between us.

### PSYCHOLOGICAL SERVICES

**MEETINGS** Our sessions will be 50 minutes in length. Longer sessions can be arranged with advanced notice. Once an appointment hour is scheduled, you will be expected to pay \$30 for it unless you provide 24 hours advance notice of cancellation, unless we agree the circumstances were beyond your control. Under certain circumstances, it may be possible to reschedule the appointment within a time period that would allow me to waive the \$30 fee.

**PROFESSIONAL FEES** My fee for a 50 minute session is \$100 for cash pay or the copay required by your insurance company.

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, my professional fees for participation in legal proceedings are different and can be discussed if the need arises.

**CONTACTING ME** Due to the nature of my work, I am often not immediately available by telephone. If you need to reach me for non-emergent reasons outside of our scheduled sessions, please call my cell phone number at 303.324.8700 and leave a voicemail. I regularly monitor my voice mail between sessions and I will return your call as soon as I can, generally with 24 hours. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

You can also contact me by email at [vertexadvantage@gmail.com](mailto:vertexadvantage@gmail.com). Please understand that email is not consistently timely and reliable, and confidentiality cannot be assured when you communicate through electronic means. I strive to return all emails timely, but if I haven't replied, please resend the original message because I might not have received it or my spam filter may have inadvertently sent it to my junk mail box. You can send a text to 303.324.8700 regarding simple scheduling or billing issues only. Do not use text messages for urgent messages or clinical issues.

## **EMERGENCIES**

Please be aware that I provide nonemergency face-to-face and online psychotherapy services by scheduled appointment. As a solo practitioner in independent practice, I am unable to provide extensive or ongoing emergency care. If you believe that you will need frequent emergency attention between scheduled sessions, please discuss this with me immediately so that I can refer you to a provider who can better serve your needs. If I believe your psychotherapeutic issues are outside of my scope of practice, I am legally required to consult, refer, or terminate treatment. If you are unable to contact me by telephone and you are experiencing an emergency situation, please call 911, or proceed to the nearest hospital emergency room. Emergency room and hospital treatment may be covered through your insurance or out of pocket and is not connected to my services in any way. In the event of a life threatening emergency, do not attempt to reach me before contacting emergency services for help. Please call 911 or go to the nearest emergency room for immediate assistance. If you are having suicidal thoughts or making plans to harm yourself, please call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free

24 hour hotline support. Email is never an appropriate way to contact me in the event of an emergency as I can not control when I will receive your email.

#### LIMITS TO CONFIDENTIALITY

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

- I may occasionally find it helpful to consult other health and mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.
- If a client seriously threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her, or to contact family members or others who can help provide protection. Colorado law states that I may disclose confidential information only to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the client to the patient or others, or there is a probability of immediate mental or emotional injury to the client. There are some situations where I am permitted or required to disclose information without either your consent or Authorization:
- If I am directed by a judge in a court of law to reveal information, then I must do so. However, if you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the psychotherapist patient privilege law. I cannot provide any information without your (or your legal representative's) written authorization, or a court order. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to

disclose information. Legal confidentiality does not apply in criminal proceedings.

- If a government agency is requesting the information for health oversight activities, I may be required to provide it for them. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself. There are some situations in which I am legally obligated to take actions, which I believe are necessary to attempt to protect others from harm and I may have to reveal some information about a client's treatment. These situations are unusual in my practice.
- If I determine that there is a probability that a client will inflict imminent harm on him/herself or another, I am required to take protective action which may involve disclosing information to medical or law enforcement personnel or by securing hospitalization of the client.
- If I have cause to believe that a child under 18 has been or may be abused or neglected (including physical injury, substantial threat of harm, mental or emotional injury, or any kind of sexual contact or conduct), or that a child is a victim of a sexual offense, or that an elderly or disabled person is in a state of abuse, neglect or exploitation, the law requires that I make a report to the appropriate governmental agency. Once such report is filed, I may be required to provide additional information.
- If such a situation arises, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

**BILLING AND PAYMENTS** You will be expected to pay for each session at the time of the visit, unless we agree otherwise.

**COLORADO MANDATORY DISCLOSURE STATEMENT** In seeking the services of a mental health professional, you have certain legal rights. This document provides information that I am required to share with all clients before beginning treatment. Please read this document carefully.

1. **Psychotherapist Name, Credentials, and Contact Information:** Name: Alex Neuberger. Education: I received my MA in Clinical Psychology from the John F Kennedy University, Orinda, CA in 1995. I received my Bachelor of Arts degree from the University of Arizona, 1983. I am a licensed professional counselor (LPC) in the state of Colorado. My Colorado license number is 1844. My practice mailing address is: 5650 Greenwood Plaza Blvd. Suite 250E, Greenwood Village, CO 80111. My practice phone number is 303.324.8700 My website is [www.vertexadvantage.com](http://www.vertexadvantage.com).

2. **Concerns or complaints:** The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the State Board: Mental Health Section of the Colorado State Grievance Board, 1560 Broadway, Suite 1370, Denver, Colorado, 80202, (303) 8947766. You are entitled to receive information at any time about my methods of therapy, the techniques I use, the expected duration of your therapy, and my fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. Dual roles, exploitative relationships and sexual intimacy are never appropriate in a professional relationship and should be reported to the Grievance Board. Sexual intimacy is also illegal and should be reported to the State Grievance Board at the address and phone number listed above. If you should need additional information or clarification about any of the information covered in this disclosure statement, please feel free to ask me now or at any time in the future. Your signature indicates that you have read the above information, have had the opportunity to ask questions and understand your rights as a client. By signing this disclosure statement, you understand and agree to all of the terms discussed above.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS  
VERTEX INTEGRATIVE PSYCHOTHERAPY (VIP) DISCLOSURE  
STATEMENT AND PSYCHOLOGICAL SERVICES AGREEMENT  
AND AGREE TO ITS TERMS.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Date\_\_\_\_\_