



Amy R Indermuehle, PsyD
 Licensed Psychologist

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Colorado Psychologist License #2821
 970-222-0524

Education:	2002	Doctor of Psychology (PsyD)	Loma Linda University
	2000	M.A., Psychology	Loma Linda University
	1997	B.A., Psychology, Religious Studies	Southern Adventist University

Consent

Everyone fifteen (15) years and older must sign this disclosure. A parent or legal guardian with the authority to consent to mental health services for their minor child/ren, must sign this disclosure on behalf of their minor child under the age of fifteen (15) years old. This disclosure statement contains my policies and procedures and is HIPAA compliant. No medical or psychotherapeutic information, or any other information related to your privacy, will be revealed without your permission unless mandated by Colorado law and Federal Regulations as discussed in Article 9 of the Client Rights and Important Information section below.

About Therapy

You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. I offer an evidence-based practice, which integrates the best available research, my clinical expertise, and your needs, values, and preferences. We collaborate to create a treatment plan for you, although I cannot guarantee results. There are potential risks to therapy, including painful feelings or disrupted relationships. Although every effort will be made to provide a positive and healing experience, each therapeutic experience is unique and varies from person to person. Results achieved in a therapeutic relationship with one person are not a guarantee of similar results with all clients. We should discuss any questions you have whenever they arise. You may seek a second opinion or terminate therapy at any time, and I will help you with a referral.

Because of the nature of therapy, our professional therapeutic relationship has to be different from most other relationships. In order to protect the integrity of the counseling process the therapeutic relationship must remain solely that of psychotherapist and client. This means that I cannot be your friend. I cannot have any type of business relationship with you other than the counseling relationship (i.e. I cannot hire you, lend to or borrow from you; or trade or barter for services in exchange for counseling). I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

About Appointments & Financial Arrangements

I expect all payments, including co-payments or deductible payments, at the time of service. In limited cases I may make arrangements for a payment plan. I offer a limited number of pro bono sessions for patients who meet the criteria. In addition, I request that you fill out a “Credit Card Authorization” form to keep in your file. All accounts that are not paid within thirty (30) days from the date of service shall be considered past due. If your account is past due, please be advised that I may be obligated to turn past due accounts over to a collection agency or seek collection with a civil court action. By signing below,

you agree that I may seek payment for your unpaid bill(s) with the assistance of a collections agency. Should this occur, I will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account. I will not disclose more information than necessary to collect the past due account. I will notify you of my intention to turn your account over to a collection agency or the Court by sending such notice to your last known address.

Once an appointment is scheduled, you -- not your insurance company -- will be expected to pay for it unless: 1) you provide 24 hours advance notice of cancellation; or 2) there is an emergency situation that we both agree you were unable to attend due to circumstances beyond your control.

You are legally responsible for payment of your therapy services. If for any reason, your insurance company, HMO, third-party payor, etc., does not compensate me for therapy services I provide to you, you understand that you remain solely responsible for payment. By signing this form, you also agree that I may communicate with your insurance company, HMO, third-party payor, collections agency, or anyone connected to your therapy fund source regarding payment.

I provided non-emergency therapeutic services by **scheduled appointment only**. If, for any reason, you are unable to contact me and seek after hours treatment from any counseling agency, center, emergency, room, etc., you understand that you are **solely** responsible for any fees due and all costs arising from such care.

Fees

Initial evaluation	\$150	Group therapy	\$50
20-30 minute session	\$50	Missed appointment fee	\$50
45-60 minute session	\$100	Hourly rate for additional services	\$100
75-80 minute session	\$125	Hourly rate for legal proceedings ¹	\$200
Clinical phone calls	\$1/min.		

About Contacting Me

My office hours are Monday through Thursday, 8 to 5. I return routine calls during those hours by the close of the next business day. I return crisis calls as soon as possible seven days a week. If you are experiencing a life-threatening crisis and cannot reach me, you may call the *PVH Crisis Assessment Center at 970-495-8090; 911, check yourself into the nearest hospital, or call the Colorado Crisis Hotline 844- 493-8255*. I will also provide the number of a colleague when I am unavailable due to travel. Please read my Electronic Communication and Social Media Policies. I ask that clients limit text messages and email for administrative purposes only such as scheduling appointments. ***Do not send confidential information by email or text as there is never a 100% guarantee information sent electronically will remain confidential. Do not text or email emergencies but call me at the number I provided you.***

¹ *I do not provide forensic services.* It is beyond the scope of my practice to provide custody recommendations. Any requests for such recommendations will be denied. A Court is able to appoint professionals with the expertise to make such recommendations. 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. This also includes but is not limited to: attorney fees I may incur in preparing for the requested legal services, case research, report writing, depositions, actual testimony, cross examination time, and courtroom waiting time.

About Confidentiality

In general the law protects the privacy of all communications between a patient and a psychologist. In most situations, I can only share information about you if you sign an Authorization. Information disclosed during our professional relationship cannot be disclosure in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to this general rule of legal confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. § 12-43-218. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S § 13-90-107. As described in the Notice of Privacy Practices (NOPP), there are times I may disclose your information without Authorization. There may be additional exceptions to confidentiality that may apply and I will attempt, but cannot guarantee, to discuss such situations with you before taking any action, and I will limit disclosure to the minimum necessary information to address the situation. I must submit information such as name, address, dates of service and a diagnosis code to your insurance company in order for a claim to be paid. In addition, your insurance company may request information from me about the therapy services you received, which may include but is not limited to: a service code, description of services or symptoms, treatment plans/summary, and in some cases your entire client file. Once your insurance company receives the information, I have no control of the security measures the insurance company takes or whether the insurance company shares the required information. You may request a copy of any report I submit to your insurance company on your behalf.

If I believe your issues are above my level of competence or outside my scope of practice, I am legally required to refer, terminate, or consult. If I consult with colleagues or other professionals, such as an attorney or supervisors, about issues you raise in therapy, your confidentiality is still protected. Even though they also must follow the same laws about privacy, I take steps to avoid revealing identifying information about my clients. Unless you object, I may not tell you about consultations unless it is important to our work together. I note all consultations in your record and I will obtain a Release of Information prior to disclosing any protected health information to another professional, besides an attorney I've retained.

Additionally, although confidentiality extends to communications by text, email, telephone, and/or other electronic means, I cannot guarantee that those communications will be kept confidential and/or that a third-party may not access our communications. Even though I may utilize state of the art encryption methods, firewalls, and back-up systems to help secure our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, and/or accessed by a third-party. Please review and fill out my Consent for Communication of Protected Health Information by Unsecure Transmissions.

About Professional Records

The laws and standards of my profession require that I keep Protected Health Information (PHI) about you in your clinical record, which is electronic but not online. A copy of my privacy policies is posted in my office and on my website so you may learn about the measures I take to protect your PHI. Except in unusual circumstances, you may request in writing to review or receive a copy of your record or a treatment summary. These professional records can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. In most situations, I am allowed to charge a reasonable copying fee (\$0.25 per page) and for postage. See the NOPP for

further information. Parents and patients under 15 years of age who are not emancipated should be aware that the law may allow parents to examine their child's treatment records, unless I decide that such access is likely to injure the child. I will discuss this further with you if it applies in your case.

I keep electronic records, which are maintained on my own computer and backup drives, not in "the cloud." I use all reasonable measures to protect the security of your records: encryption, password protection, and up-to-date anti virus and anti malware programs. The computer and drives are stored in secure, locked locations when not in my personal possession.

Mandatory Disclosure Statement – Regulation of Psychotherapists

You have the right to receive respectful treatment in a safe environment that is free from sexual, physical, and emotional abuse. You have the right to report any immoral or illegal behavior by me or any therapist. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies, Division of Professions and Occupations, Mental Health Section. The Board of Psychologist Examiners regulates Licensed Psychologists and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800 or (303) 894-2291 or at DORA_MentalHealthBoard@state.co.us.

As to the regulatory requirements applicable to mental health professionals there are three levels of Psychotherapy Regulation in the state of Colorado. The levels include: licensing (requires minimum education, experience, and examination qualifications), Certification (requires minimum training, experience, and for certain levels, examination qualifications), and Registered Psychotherapist (does not require minimum education, experience, or examination qualifications.) All levels of regulation require passing a jurisprudence take-home examination. In addition, Licensed Psychologists must have a doctorate degree in psychology and 1 year of post-doctoral supervision. Licensed Clinical Social Workers and Licensed Marriage and Family Therapists must have a master's degree and 2 years of post-degree supervision. Licensed social workers must have a master's degree in social work. A Psychologist Candidate or Marriage and Family Therapist Candidate must have the required degree and be receiving supervision for licensure. A CAC I (Certified Addiction Counselor) must have a high school diploma, special training, and 1,000 hours of supervised experience. A CAC II must have additional training and 2,000 hours of supervised experience. A CAC III must have bachelor's degree in behavioral health, additional training, and 2,000 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.

Extraordinary Events

In the case that I become disabled, die, or am away on an extended leave of absence (hereinafter "extraordinary event") the following Mental Health Designee will have access to my client files: *Dorinna Ruh, LCSW (970-494-0631)*. If I am unable to contact you prior to the extraordinary event occurring, the Mental Health Professional Designee will contact you. Please let me know if you are not comfortable with the below listed Mental Health Professional Designee and I will discuss possible alternatives.

The purpose of the Mental Health Professional Designee is to continue your care and treatment with the least amount of disruption as possible. You are not required to use Mental Health Professional Designee for therapy services, but Mental Health Professional Designee can offer you referrals and transfer your client record, if requested.

Additional Policies

You affirm by signing this disclosure statement that you have received and/or reviewed my Social Media and Electronic Communications Policy.

The receptionist who may greet you is employed by Knezovich & Williams, CPAs. She is not my employee and is not bound by the same privacy laws as I am. She does not have access to my records, and I do not share my clients' PHI with her. You do not have to give her information about yourself, including your name, other than that you are here to see me.

If you are consenting to treatment and therapy services for a minor child/ren, I request that you produce the Court Order Custody Agreement and/or Parenting Plan that grants you the authority to consent to mental health services for the minor child/ren. Further, you agree to keep me informed of any proceedings or supplemental court orders that affect your parenting rights, custody arrangements, and decision-making authority. Failing to provide the Court Order, Custody Agreement, and/or Parenting Plan will prohibit me from providing therapy services to the minor child/ren.

Should you choose to discontinue therapy for more than sixty (60) days by not communicating with me, your treatment will be considered "terminated." You may be able to resume therapy after the sixty (60) day period by discussing your decision to resume therapy services with me. Ability to resume therapy after sixty (60) days will depend upon my availability and will be within my sole discretion. This disclosure statement will remain in effect should you resume therapy if one (1) year has not elapsed since your last session. I may ask you to provide additional information to update your client record. You understand "discontinuing therapy" means that you have not had a session with me for at least sixty (60) days.

By signing this disclosure statement you also give permission for the inclusion of your partners, spouses, significant others, parents, legal guardians, or other family members in therapy when deemed necessary by you or myself. You agree that these parties will have to sign a separate Consent for Third-Party Participation Agreement or may have to sign a separate disclosure statement in order to participate.

By signing this form, I affirm that I am fully informed of the therapy services I am requesting and that Dr. Amy Indermuehle is providing, and grant my consent to receive such therapy services.

My signature below affirms that the preceding information has been provided to me in writing by Dr. Amy Indermuehle, or if I am unable to read or have no written language, an oral explanation accompanied the written copy. I understand my rights as a client/patient and should I have any questions, I will ask my Dr. Amy Indermuehle.

_____	_____	_____
Client Printed Name	Signature	Date
_____	_____	_____
Parent/Legal Guardian Signature (Please specify Relationship to Client)		Date
_____	_____	_____
Parent/Legal Guardian Signature (Please specify Relationship to Client)		Date
_____	_____	_____
Therapist Signature		Date