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Colorado Psychologist License #2821

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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 15 years and older must sign this disclosure and agreement for treatment. A parent or legal guardian with the authority to consent to mental health services for their minor child must sign this disclosure on behalf of their minor child under the age of 15 years old. This disclosure statement contains my policies and procedures and is HIPAA compliant. No information related to your privacy will be revealed without your permission unless mandated by Colorado law and Federal Regulations as discussed 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 a) best available research, b) my clinical expertise, and c) your needs, values, and preferences.
- 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, the therapeutic experience varies from person to person, and there is no guarantee of desired results.
- 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.
- If I believe your issues are above my level of competence or outside my scope of practice, I am legally required to refer you to another provider, terminate, or consult with other professionals.
- To protect the integrity of the therapy process, the therapeutic relationship must remain solely that of psychotherapist and client. This means that I cannot be your friend, nor can I have any type of business relationship with you other than the counseling relationship. 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 Financial Arrangements and Appointments**

- All payments (co-payments, deductible payments, or other fees) are due at the time of service.
- If you miss a scheduled appointment, you will be expected to pay the missed appointment fee unless 1) you cancel within 24 hours before the scheduled time; or 2) I agree you were unable to attend due to circumstances beyond your control. Insurance companies *do not* pay for missed appointments.
- You are legally responsible for payment of your therapy services. If for any reason, your insurance company or third-party payor 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 about payment with your insurance company or third party about payment.

- In limited cases I may arrangements a payment plan. I offer a limited number of pro bono sessions for patients who meet the criteria. For self-pay clients who do not have insurance, I offer a 10% discount for payment by cash or check.
- I request that you fill out a “Credit Card Authorization” form to keep in your file.
- All accounts that are not paid within 30 days from the date of service or statement date 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 collection 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. I will not disclose more information than necessary to collect the overdue 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.
- 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 another provider or agency, you understand that you are **solely** responsible for any fees and costs arising from such care.

Psychotherapy is billed using CPT® codes, which for individual therapy sessions are determined by the amount time. My fees for the most commonly used codes are listed below. Most therapy sessions last 45 to 50 minutes.

|                                       |       |                                     |          |
|---------------------------------------|-------|-------------------------------------|----------|
| Initial evaluation (60 minutes)       | \$160 | Group therapy                       | \$50     |
| Individual therapy - 16 to 37 minutes | \$60  | Missed appointment fee              | \$50     |
| Individual therapy - 38 to 52 minutes | \$125 | Clinical phone calls                | \$1/min. |
| Individual therapy - 53+ minutes      | \$135 | Hourly rate for additional services | \$100    |
| Family therapy session                | \$125 | Hourly rate for legal proceedings   | \$200    |

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 can 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 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 Contacting Me** (Please review the Electronic Communications/Social Media Policy for additional information.)

- I return routine phone calls during business hours Monday through Thursday. 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, check yourself into the nearest hospital, or call the Colorado Crisis Hotline at 844-493-8255.*
- I will provide the number of a colleague to contact if needed when I am unavailable for an extended period of time.
- Please text or email me only administrative purposes such as scheduling appointments. **Do not send confidential information by email or text as there is never a 100% guarantee that information sent electronically will remain confidential.**
- **Do not text or email about emergencies. Call me instead.**

## **About Confidentiality**

- State and federal laws protect the privacy of communications between a patient and a psychologist. In most situations, I can share information about you only if you sign an Authorization. Information you share during our professional relationship cannot be disclosed 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. I will limit disclosure to the minimum necessary information to address the situation.
- I must submit information such as name, address, dates of service, a CPT code, and a diagnosis code to your insurance company for a claim to be paid. In addition, your insurance company may request information from me about the therapy services you received. This may include but is not limited to: description of services, 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 consult with colleagues or other professionals such as an attorney 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 most consultations in your record. I will obtain an Authorization to Release Information prior to disclosing any protected health information to another professional, besides an attorney I've retained.
- Although confidentiality extends to communications by text, email, telephone, or other electronic means, I cannot guarantee that those communications will be kept confidential. Even though I may utilize security measures to help protect our communication, there is a risk that our electronic or telephone communications may be compromised, unsecured, or accessed by a third-party.

## **About Professional Records**

- The laws and standards of my profession require that I keep Protected Health Information (PHI) about you and progress notes about our work in your clinical record. You may ask to receive a copy of the security measures I take to protect the privacy of your information.
- 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.
- 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 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 with whom you can discuss the contents. In most

situations, I can 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.
- Any person who alleges that a 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 person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

### **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](mailto: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") a Mental Health Designee will have access to my client files. If I am unable to contact you prior to the extraordinary event occurring, the Mental Health Professional Designee will contact you. The purpose of the Mental Health Professional Designee is to help you figure out how to continue your care and treatment with as little 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 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 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, I request that you produce the Court Order Custody Agreement or Parenting Plan that grants you the authority to consent to mental health services for the child. 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, or Parenting Plan will prohibit me from providing therapy services to the child.
- Should you choose to discontinue therapy for more than 60 days by not communicating with me, your treatment will be considered “terminated.” Your ability to resume therapy after 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 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.

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I affirm that I am fully informed of the therapy services I am requesting from Dr. Amy Indermuehle, and I grant my consent to receive such therapy services. My signature below affirms that the preceding information has been provided to me in writing, 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 Dr. Indermuehle.

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|---------------------|-----------|------|
| Client Printed Name | Signature | Date |
|---------------------|-----------|------|

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|---------------------------------|------------------------|------|
| Parent/Legal Guardian Signature | Relationship to Client | Date |
|---------------------------------|------------------------|------|

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| Parent/Legal Guardian Signature | Relationship to Client | Date |
|---------------------------------|------------------------|------|

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|                     |      |
|---------------------|------|
| Therapist Signature | Date |
|---------------------|------|