



Mountain Creek Therapy, LLC

Disclosure of Clinician Background Statement

Heather W. Huffman, PhD, EdM, LCSW

I received a doctorate in Sociocultural Anthropology (Program in Psychocultural and Medical Studies) from UCLA; a Master of Human Development and Psychology from Harvard University, Graduate School of Education; and a Master of Social Work from UCCS. I received a bachelor's degree from Columbia University (Barnard College).

As a licensed clinical social worker, I am registered and regulated by the Colorado Department of Regulatory Agencies. I adhere to the highest ethical standards as outlined by the National Association of Social Workers (NASW) ethical guidelines as well as the statutes of the State of Colorado. I will keep your best interest at the forefront of all I do. However, if you are dissatisfied with my services at any time, please express your concerns to me. If I am not able to resolve your concerns, I will gladly provide you with a list of referral choices.

My clinical approach is psychodynamic, person-centered, culturally sensitive, and trauma-informed. I take a biopsychosocial perspective. I work with anxiety, depression, and trauma in adults, and with relationship distress in couples. Depending on clients' goals and preferences, I utilize emotion-focused therapy, dialectical-behavioral therapy (individual and group therapy), narrative therapy, cognitive-behavioral therapy, acceptance and commitment therapy, family systems therapy, attachment theory, solution-focused therapy, and mindfulness-based therapy. With couples, I use Emotion-Focused Couples Therapy. I believe in every client's innate capacity for healing, growth, connection, and holistic wellness.

Informed Consent for Clients

ABOUT THERAPY

At Mountain Creek Therapy, we view therapy as a collaborative partnership between therapist and client. The therapist and client will plan their work together. We value your input and will actively seek to understand factors that can contribute to your success in therapy. Additionally, we would like to have input from you on how you feel you are



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progressing in therapy, or areas that you feel are not being addressed. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

As with any powerful treatment, there are some risks as well as many benefits associated with participation in therapy. One risk involves the possibility that clients will have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or their problems are solved. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as individuals, in their close relationships, in their work or schooling, and in the ability to enjoy their lives. We do not take on clients we do not think we can help. Therefore, we will enter the therapy relationship with optimism about your progress.

We highly value the relationships we form with clients. However, because of our ethical and legal obligations, there are limits to the relationships we'd like you to understand. In order to be most helpful to you, we can only be your therapist. We cannot be close friends or socialize with any of our clients, and we cannot be a therapist to someone who is already a friend. We can never have a sexual or romantic relationship with any client during, or after, the course of therapy. Sexual intimacy between a client and therapist is never appropriate and is illegal in Colorado. Please report this to the below address if this has ever happened to you.



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YOUR RIGHTS AS A CLIENT

As a client seeking mental health services, you have certain rights. These include your right to seek a second opinion from another therapist or your right to terminate this therapy at any time. You are also entitled to receive information regarding the methods of therapy, techniques used, the duration of therapy, if known, and the fee structure. Please ask if we do not fully provide you with this information or if you have any questions.

The practice of psychology in Colorado is regulated by the Colorado Department of Regulatory Agencies. The agency within the Department that has responsibility for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies. Any questions, concerns, or complaints regarding your mental health treatment may be directed to:

State Grievance Board
1560 Broadway, Suite 1370
Denver, Colorado 80202
Phone: 303-894-7766

OUR APPOINTMENTS

The very first time we meet with you, we will need to give each other much basic information. We usually schedule 60-90 minutes for this first meeting. If you decide to begin therapy with us, we will usually schedule one 60-minute session per week at a time we agree on. There may be times when sessions may be longer, or more or less frequent depending on your course of treatment.

An appointment is a commitment to our work together. We agree to meet at Mountain Creek Therapy (in person or via Telehealth) and to be on time. If we are ever unable to start on time, we ask your understanding. We also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that we will have another appointment after yours. A cancelled appointment delays our work. We will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give us as much notice as possible.



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PROFESSIONAL FEES, INSURANCE, AND PAYMENT

For clients paying out-of-pocket (private pay) and clients using certain insurances with a co-pay, we use Ivy Pay, a HIPAA-compliant payment processing service, to charge for sessions on the day of service. Ivy Pay is an app that securely stores your credit card or HSA card information.

Other clients using certain insurances will pay for their appointments (co-pay or amount toward deductible) through their patient portal on Headway, an online software platform that processes insurance claims. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

If payment is not rendered in a timely fashion and we are unable to collect our fees, we may in some cases employ the services of a collection agency.

Individual Therapy: Our fee for a 1-hour therapy session without insurance (private pay, or “out-of-pocket”) is \$150.00. We also accept certain insurances (ask for up-to-date information). You may be charged a co-pay depending on your individual plan, which will be discussed with you after your insurance is billed for the first time. It is very important that you find out exactly what mental health services your insurance policy covers, and what your co-pay might be, if any. Please read your plan or call your employer’s benefits department to find out what you need to know.

Couples Therapy: Our fee for a 1-hour couples therapy session is \$150.

Group Therapy: Our fee for group therapy is \$50.00 per session.

Because we expect payment at the time of our meetings, we typically do not send bills. If you would like a statement of the services we have provided to you, please let us know. A statement can be used for health insurance claims if we are not in-network with your insurance company. It will show all of our meetings, the charges, and how much you paid.

CANCELLATIONS

As a client of Mountain Creek Therapy, we will reserve a regular appointment time for you into the foreseeable future. We also do this for our other clients. Therefore, we are rarely



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able to fill a cancelled session unless we have several weeks' notice. If you are unable to keep an appointment, please notify us as soon as you become aware of this fact. If you cancel or miss an appointment without providing 24-hour notice, you will be billed for the entire session. Emergency situations are exceptions to this policy, and will be evaluated and discussed in the context of your treatment on a case-by-case basis.

IF YOU NEED TO CONTACT US

We are often not immediately available by telephone. While we are often in our office, we do not take calls when we are with our clients. When we are unavailable, our telephones are answered by voicemail that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If, during our work together, an emergency does occur which requires immediate attention, please call 911 or go to your nearest hospital emergency room for assistance. We urge you to inform us of these events as they may impact your therapy.

It is important that you determine the level of emergency care that you would like to have in a therapist. Our practice is not designed to help those who require 24-hour care or crisis and emergency care. In the event of an emergency, it may be necessary for you to contact another health care provider. If this does not seem to meet your needs, let us know and we will provide you with names of therapists or organizations that provide 24-hour care.

IF WE NEED TO CONTACT SOMEONE ABOUT YOU (EMERGENCY CONTACT)

If there is an emergency during our work together, or we become concerned about your personal safety, we are required by law and by the rules of our profession to contact someone close to you—perhaps a relative, spouse, or close friend. We are also required to contact this person, or the authorities, if we become concerned about your harming someone else. We will ask you to provide contact information for an emergency contact person on the client information form.



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CONFIDENTIALITY

Confidentiality is an important component of therapy and one that we take very seriously. We will treat all the information you share with us with great care. It is your legal right that our sessions and our records about you be kept private. That is why we ask you to sign a “Release of Information” form before we can talk about you or send our records about you to anyone else. In general, we will tell no one what you tell us. We will not even reveal that you are receiving treatment from us. In all but a few rare situations, your confidentiality (that is, our privacy) is protected by federal and state laws and by the rules of our profession. Here are the most common cases in which confidentiality is NOT protected:

If you were sent to us by a court or an employer for evaluation or treatment, the court or employer expects a report from us. If this is your situation, please talk with us before you tell us anything you do not want the court or your employer to know. You have a right to tell us only what you are comfortable with sharing.

Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing us, we may then be ordered to show the court our records. In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it. Please consult your lawyer about these issues.

If you make a serious threat to harm yourself or another person, the law requires us to try to protect you or that other person. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the client. If our client threatens to harm or kill herself/himself, we may be obligated to call the police, seek hospitalization for him or her, or to contact family members or others who can help provide protection.

If we believe that a child, elderly person, or disabled person is being abused or neglected, we must file a report with the appropriate state agency.



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These situations rarely occur in our practice. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

There are two other situations in which we might talk about part of your case with another therapist. We ask now for your understanding and agreement to let us do so in these two situations. First, when we are away from the office for a few days, we have a trusted therapist cover for us. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as we are to protect your confidentiality. Second, we sometimes consult other therapists or other professionals about our clients, as in the case of professional supervision. This helps us in giving high-quality treatment. These persons are also required to keep your information private. Your name and other identifying information will be changed or omitted, and they will be told only as much as they need to know to understand your situation.

DISCHARGE PROCESS

There are several reasons why we may eventually end our professional relationship other than the natural and satisfactory conclusion of your present therapy. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served by working with someone else. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship. Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.



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CONSENT FOR TREATMENT

I acknowledge that I have received, have read (or have had read to me), and understand the preceding information regarding my therapist's degrees, credentials, practice, and privacy policies. I have read the preceding information in full and understand my rights as a client. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment at Mountain Creek Therapy, LLC. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by my therapist.

I am aware that I may seek a second opinion or stop my treatment with my therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment (for example, if my treatment has been court-ordered, I will have to answer to the court).

Notice of Privacy Practices

We are dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. This notice will tell you how we handle your medical information. It tells how we use this information here in this office, how we share it with other professionals and organizations, and how you can see it. After you have read this notice, we will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. If you have any questions or want to know more about anything in this notice, please ask us for more explanations or details.

Privacy and the laws about privacy

We are required to tell you about privacy because of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA requires us to keep your protected health information (PHI) private and to give you this notice about our legal duties and our privacy practices.



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How your protected health information can be used and shared

Except in some special circumstances, when we use your PHI in this office or disclose it to others, we share only the minimum necessary PHI needed for those other people to do their jobs. The law gives you rights to know about your PHI, to know how it is used, and to have a say in how it is shared. Mainly, we will use and disclose your PHI for routine purposes to provide for your care, and more about this is described below. For other uses, we must tell you about them and ask you to sign a written authorization form. However, the law also says that there are some uses and disclosures that don't need your consent or authorization.

How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with treatment, to arrange payment for services, and for some other business activities that are called, in the law, health care operations.

For treatment. We use your medical information to provide you with psychological treatments or services. These might include individual, family, or group therapy; nutrition therapy, psychological, educational, or vocational testing; treatment planning; or measuring the benefits of our services. We may share your PHI with others who provide treatment to you. We may share your information with your personal physician. If you are being treated by a team, we can share some of your PHI with the team members, so that the services you receive will work best together. The other professionals treating you will also enter their findings, the actions they took, and their plans into your medical record, and so we all can decide what treatments work best for you and make up a treatment plan. We may refer you to other professionals or consultants for services we cannot provide. When we do this, we need to tell them things about you and your conditions. We will get back their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them.

For payment. We may use your information to bill you, your insurance, or others, so we can be paid for the treatments we provide to you. We may contact your insurance company to find out exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and the changes we expect in your



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conditions. We will need to tell them about when we met, your progress, and other similar things.

For health care operations. Using or disclosing your PHI for health care operations goes beyond our care and your payment. For example, we may use your PHI to see where we can make improvements in the care and services we provide. We may be required to supply some information to some government health agencies, so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

If we want to use your information for any purpose besides those described above, we need your permission on an authorization form. If you do allow us to use or disclose your PHI, you can cancel that permission in writing at any time. We would then stop using or disclosing your information for that purpose. Of course, we cannot take back any information we have already disclosed or used with your permission.

Disclosing your health information without your consent

There are some instances in which the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.
5. We may have to disclose some information to the government agencies that check on mental health professionals to see that we are obeying the privacy laws.

Your rights concerning your health information

You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask. You have the right to ask us to limit what we tell people involved



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in your care or with payment for your care, such as family members and friends. We don't have to agree to your request, but if we do agree, we will honor it except when it is against the law, or in an emergency, or when the information is necessary to treat you. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing. You must also tell us the reasons you want to make the changes. You have the right to a copy of this notice. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

If you have questions or problems If you need more information or have questions about the privacy practices described above, please ask us. If you have a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, please feel free to contact us. If you have any questions or problems about this notice or our health information privacy policies, please contact Heather W. Huffman, PhD, EdM, LCSW, at heather@mountaincreektherapy.com.