



Last Name *

First Name *

Middle Initial

Preferred name

Date of Birth *



Month Day Year

Address *

City *

State *

Zip *

County of Residence:

Is it okay for us to contact you by mail? yes *

Yes

No

Social Security Number

I authorize communications via email *

Yes

No

Email address: *

Primary Phone Number

Area Code

Phone Number

Is it okay to:

Yes

No

Call this number

Leave a message at this number

Text this number

Additional Phone Number

Area Code

Phone Number

Is it okay to:

Yes

No

Call this number

Leave a message at this number

Text this number

School/Employment *

Years of education *

Emergency Contact Name *

Emergency Contact Relationship *

Emergency Contact Phone Number *

Race and/or Ethnicity

Country of Origin

Languages Spoken

Spirituality and/or Religion

Sexual Orientation Identity

Romantic Relationship Status

Gender Identity *

Female

Male

Nonbinary

Military Service

Active Duty

Veteran

Support needed

Reaching HOPE offers supportive therapy--what can we help support you with? Are there any barriers to accessing services?

Sometimes life can feel overwhelming. Have you/your child ever experiences any of the following?

Suicidal thoughts (past)

Suicidal thoughts (current)

Homicidal thoughts (past)

Homicidal thoughts (current)

Psychiatric hospitalization

We believe that people are resilient and have many strengths and supports that help them survive difficult times. What or who has helped you/your child survive difficult time so far?

Family information

Family members: (please include each person's name, age, relationship to you, and if they live with you)

Are you filling out paperwork for a minor (under age 18)? *

Yes

No

Minor caregiver information

Parent / Caregiver Name *

Parent / Caregiver phone number (please specify if this is a home, cell or work number) *

Is it okay to *

Yes

No

Call this number

Leave a message at this number

Does the caregiver live at the same address as the minor? *

Yes

No

Caregiver address

Street Address *

City *

Protection Orders

Do you or your children have any current restraining, protective or no-contact orders? *

Yes

No

Name of person order is against *

Relationship to client *

Name(s) of those covered / protected *

State *

Zip Code *

Have you or your child ever been the victim of a crime, experienced trauma or had social services involvement? *

Yes

No

Maybe

Crime Victim Information

If you or your child have ever been the victim of a crime, you may be eligible for grants or Crime Victim Compensation funding to cover the cost of your services. Please answer the below questions to help Reaching HOPE determine eligibility.

Do you live in one of the following areas:

Yes

No

Adams County

Brighton, CO

Commerce City, CO

Thornton, CO

Was a crime reported to police? *

Yes

No

What police department was the crime reported to? *

Was a social services report made? *

Yes

No

What is the Case Worker's name?

What is the Case Worker's phone number?

What is the perpetrator's name?

What is the perpetrator's age?

What is the perpetrator's relationship to you/your child?

Is the perpetrator receiving therapy?

Yes

No

Unknown

Do you / your child have contact with the perpetrator? *

Yes

No

If you / your child does have contact with the perpetrator, please explain the contact:

Insurance

Do you / your child have health insurance? *

Yes

No

Insurance Information

What insurance carrier do you / your child's have?

Please list your insurance number (e.g. Medicaid number, Group number, ID, etc)

Disclosure Statement

Therapist Names, Credentials, and Phone Numbers:

Aubrey A. Austin, Ph.D. (Counseling Psychology), Licensed Psychologist, 720-347-8845 (Tuesday, Wednesday, Thursday)

Ambra R. Born, Psy.D. (Clinical Psychology), Licensed Psychologist, 720-347-8836 (Tuesday, Wednesday, Thursday)

Tiffany Brimberry, Psy.D. (Clinical Psychology), Licensed Psychologist, 720-593-4673 (Monday, Tuesday, Wednesday)

Loraine Fishman, Psy.D. (Clinical Psychology), Postdoctoral Candidate, 720-507-9036 (Monday, Tuesday, Wednesday)

Bryan Rojas-Arauz, MS (Counseling Psychology), 720-588-8760 (Tuesday, Wednesday)

Bryanna Fatigate, MS, EdS (School Psychology), 720-507-9035 (Tuesday, Wednesday)

Elly Maras, MEd, EdS (School Psychology), 720-722-3196 (Tuesday, Wednesday)

Alison Conner, MS (Clinical Psychology), 720-598-2466 (Monday, Tuesday)

Tal Ginsburg, MA (Clinical Psychology), 720-598-2596 (Monday, Tuesday)

Business Addresses: 13611 E. 104th Ave, Ste 100, Commerce City, CO 80022

Business Phone: (720) 347-8769 Reaching HOPE main line

Business Email: info@reachinghope.org

Email is not a confidential form of communication and Reaching HOPE cannot ensure confidentiality or receipt in a timely manner; therefore, email should never be used to seek support for clinical or crisis/emergency situations.

Crisis: I understand Reaching HOPE does not have a 24 hour crisis line and in the event of an emergency, I will call Colorado Crisis and Support Line at (844) 493-8255.

Training of Mental Health Professionals:

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychology Examiners can be reached at 1560 Broadway, Ste 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals:

LICENSED PSYCHOLOGIST must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass both the Examination for the Professional Practice of Psychology and the Jurisprudence Examination. A Psychologist Candidate must hold the necessary licensing degree and be in the process of completing the required supervision and examinations for licensure.

Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, and Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Marriage and Family Therapist Candidate and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.

Licensed Social Worker must hold a masters degree in social work.

Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements.

Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience.

Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Confidentiality: I understand that, generally speaking, the information provided by and to me during therapy

exceptions in Colorado and Federal law. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, suicide, homicide, and grave disability; under a court order; or in response to any legal action taken by you against this agency. If a legal exception arises during therapy, if feasible, I will be informed accordingly. If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members by not sharing personal information, including the names of other group members, with people outside of the group. You may expect other group members to show the same respect for your confidentiality.

As a client, you have the right to:

- Receive treatment only if you or your legal guardian give consent by signing this disclosure.
- Terminate treatment at Reaching HOPE at any time.
- Not be discriminated against, but rather be treated with respect and dignity.
- Actively participate with your treatment provider in creating a plan for your care.
- To include other people you think would be helpful to you in creating your care plan.
- Refuse treatment unless you are court ordered to receive services and be informed of consequence of your refusal.
- To be represented by your guardian, if you are unable to fully participate in your treatment decisions.
- Receive written notification and request a second opinion if you disagree with your provider's decision to reduce or discontinue your services, or deny you services.
- Receive written information about Reaching HOPE's services, providers, and the fee structure.
- Be safe in therapy; 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.
- Complain about our services at any time without retaliation.

Follow-up: I understand that Reaching HOPE may contact me after termination of treatment to gather information needed for follow-up, program evaluation, and collection of unpaid debts.

Destruction of Records: I understand that the clinical records from this treatment episode may be destroyed if no further treatment is rendered within 7 years of the date of termination of this episode. Any person who alleges that a mental 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 7 years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of 7 years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

Animal Assisted Therapy: I understand that Reaching HOPE offers Animal Assisted Therapy (AAT) with dogs registered with Delta Society. I have the right to refuse this service at any time. I understand that while AA T therapy dogs have undergone training and testing to ensure safety around all people, these are animals and as such can be unpredictable; therefore, I agree to assume the risk of any injury or illness resulting from my interactions with AAT partners. I agree to be responsible for my own actions and respectful of the animals.

Supervision and Consultation: I understand that Reaching HOPE staff discuss all Reaching HOPE cases together to ensure best client care. I understand that all staff are receiving supervision by Drs. Austin and Born, licensed psychologists employed at Reaching HOPE. All discussion are confidential.

Consent to Email/Text Communication: I understand that if I consent to communicate by email/text messages, I attest to the following:

- It is my request to use email/text. Any decision by either me or Reaching HOPE staff to stop the use of email/text will be respected.
- I understand normal text message rates may apply and will not be reimbursed by Reaching HOPE.
- I am responsible for notifying Reaching HOPE of any changes in email addresses, mobile numbers, or lost mobile devices as soon as possible.
- Email/Text communications are not secure and as such, confidentiality cannot be guaranteed.
- No therapeutic services will be provided via email/text communications.
- No emails/texts with urgent messages will be sent. Text/email will not be regularly monitored and is not intended for crisis purposes.
- I understand that email/text communications may be referenced or summarized in my chart and will be

Current age of client

Infant-11 years old

12-17 years old

18+ years old

Legal Guardian Information

Legal Guardian Name

Legal Guardian Relationship to child

Biological or adoptive parent with NO formal custody arrangement through a court

A parent/guardian with a formal custody arrangement through a court that grants me SOLE medical decision making

A parent/guardian with a formal custody arrangement through a court that grants me JOINT medical decision making, AND the other joint party also consents to treatment (they must also complete this form)

Additional Legal Guardian Information

Please complete this section for an additional legal guardian that must consent to therapy services

Additional Legal Guardian Name

Type a question

Contact information for additional legal guardian

Legal Guardian for individual able to consent for themselves

Youth aged 12 and older are able to consent to their own therapy. This will be discussed further during your intake session. We do still request information about the legal guardian for safety purposes. Your answers below will not change the availability of services.

Legal Guardian Name

Legal Guardian Relationship to child

I am a biological or adoptive parent with NO formal custody arrangement through a court

I am a parent/guardian with a formal custody arrangement through a court that grants me SOLE medical decision making

I am a parent/guardian with a formal custody arrangement through a court that grants me JOINT medical decision making, AND the other joint party also consents to treatment (they must also complete this form)

Does the legal guardian know and agree to these services?

Yes

No

Agreement

I understand that by agreeing below and submitting this form, I am providing my acknowledgement of this disclosure statement. A copy of this form can be found at www.ReachingHOPE.org/contact

I have read the preceding information, it has also been provided verbally, and I understand my rights / the rights of the child client. *

Yes

TeleHealth Consent

Consent for the Use of Telehealth for Live Video Visits

I understand that to receive services via Telehealth, I consent to the following:

1. I hereby authorize Reaching HOPE to use the telehealth practice platform for telecommunication for therapy and assessment services.
2. I understand that technical difficulties may occur before or during the telehealth sessions which could result in my appointment being unable to start on time or ending prematurely.
3. I accept that sessions will be provided via video; however, sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. For individuals who are utilizing Crime Victim Compensation: I understand that at present, telehealth is allowed by Crime Victim Compensation, and that this provision is (at present) temporary. If this allowance is not continued, I understand that I must either return to in-person therapy services or I will be responsible for payment of sessions.
5. I understand that all confidentiality and privacy agreements are the same whether sessions are conducted in person or via telehealth.
6. I shall have access to all information resulting from the session conducted via Telehealth as provided by applicable law
7. I have the option to refuse the delivery of services via Telehealth at any time without affecting my right to in-person services (if these are available).

I understand and agree to the above statements *

Yes

Attendance Policy

Reaching HOPE is dedicated to providing quality and dependable care to all of our clients. A successful therapy experience also depends on your commitment to attending therapy sessions. Because of this, it is necessary that you keep appointment times and communicate scheduling needs as quickly as possible.

Our attendance policy requires 24-hour notice to cancel appointments except in cases such as serious illness or an unforeseen emergency. In general, we will take your word for emergencies; however, if emergencies or illnesses repeatedly interfere with your participation in therapy sessions, we will ask for documentation to excuse absences and waive fees. We allow one late cancellation (canceling with less than 24 hours notice) before we begin charging for the time our therapists have reserved for you. After the first late cancellation, you will be charged the full fee of your appointment. If you do not show for a session and do not call your therapist to communicate that there has been an emergency, you will lose your spot in our calendar. In order to schedule another appointment, you must contact your therapist. It is very likely that your original appointment time will no longer be available if this occurs. If we do not hear from you within 2 weeks of a missed appointment to reschedule, you will be closed at Reaching HOPE and will need to call and schedule a new intake session in order to continue in therapy. In order to resume therapy services, all no-show/late cancellation fees must be paid prior to the next session, or a payment plan must be set up with an initial payment made prior to the next session. If there are repeated no-show appointments, we will no longer reserve a therapy spot for you.

It is important to note that all telehealth video appointments will be considered a no show if the client joins from a vehicle or location where they cannot obtain privacy.

In addition, therapists will allow one courtesy call to remind clients of their appointments after the appointment has started. Following that, a session will be considered a no show after ten minutes and all service fees will apply.

Financial Fee Agreement

Person Financially Responsible for Client *

Self

Parent

Legal Guardian

Name of Person Financially Responsible

For purposes of billing, I agree to have any necessary information (including treatment plan, diagnosis, session type, length, and date) released to: *

Crime Victim Compensation

Not Applicable/I do not want billing information released to any third party

Payment is due at the time of services. Fees for services are:

45 minute intake session \$190

45 minute individual therapy \$150

45 minute family therapy \$175

45 minute group therapy \$70

45 minute co-led individual or family therapy \$225

*We accept Crime Victim Compensation as payment in full from the following counties: Adams/Broomfield, Denver, Jefferson, Arapahoe, Weld. (Please inquire if you have funding from another county).

Fees for case management services (including phone calls/contact outside of scheduled therapy session, meetings with additional providers/treatment team, etc.) are prorated at the individual session / hourly rate.

Please note that each individual therapy session includes up to 10 minutes of case management, to be used only within the same week as the scheduled session.

Written reports or court testimony have additional fees. Please ask if you require these services.

Payment may be made by cash, personal check, or credit card.

Bounced checks will be assessed a \$30 fee.

Balances more than 30 days overdue will be assessed a \$20 overdue fee.

Balances more than 90 days overdue may be sent to collections. In the event it becomes necessary to assign your account to a collection agency, you are responsible for any and all costs of collection, which may include attorney fees and other costs incurred.

Failure to pay for services may result in termination of future services.

Reaching HOPE requires 24-hour notice to cancel or reschedule all appointments. Appointments can be cancelled by calling your therapist and speaking to them directly or leaving a voicemail. You are ultimately responsible for remembering the appointments that you schedule with Reaching HOPE.

You will be charged the full fee for each scheduled service if you/your child do not show or if you cancel with less than 24 hours notice (except in cases of an emergency; documentation from emergency personnel, such as a physician, will be necessary in order to avoid being charged). A credit card number will be kept on file and will be charged on the date of the missed or late cancelled appointment.

I understand I am ultimately financially responsible for agreed upon fees for services. If agreed upon, Reaching HOPE will bill Crime Victim Compensation and/or supply me with necessary paperwork to submit to my insurance company for reimbursement. However, I understand I am ultimately responsible for ensuring that Reaching HOPE receives payment in full for services rendered. Furthermore, by acknowledging below, I agree to have my credit card charged by Reaching HOPE for each missed or late cancelled appointment for myself and/or my minor child. I understand that if, for some reason, Reaching HOPE is unable to charge my credit card, I am still responsible for payment.

I have reviewed this Financial Agreement and agree to the terms above. I acknowledge that this financial agreement stands unless a new financial agreement is reached and documented in writing. A copy of this form will be sent to the email address you provided. *

Yes

Signature

By signing below, you acknowledge that all of the above information is accurate to the best of your knowledge and you agree to the terms and conditions included throughout this document.

Tags

Todo

In Progress

Done