



Elena Davis, LCSW
Jasper Marie, Registered Therapy Dog
5808 S. Rapp Street, Suite 120
Littleton, CO 80120
Tel 720.988.5620 / Fax 720.316.6740
Email: elenadavislcsw@gmail.com

PRACTICE POLICIES AND PROCEDURES

Welcome to my counseling and psychotherapy practice. I look forward to working with you! My compassionate and supportive approach is geared to help you to cope with and work through overwhelming struggles. With a diverse background of experiences, I am able to provide warmth and nonjudgmental acceptance – focusing on your innate capacity to recover from stresses, problems, and life transitions – and to help you build the positive, satisfying life and healthy relationships that you desire. I offer practical, strengths-based, solution-focused interventions while also exploring how the past impacts the present. Your personal treatment goals will be central to our work together.

Most clients come on a regular basis, such as weekly or every other week, and often work for 6 months to a year at a time. Sessions usually last 55 minutes, but may be extended to 75 minutes for couples, families, extended EMDR sessions or whenever indicated.

The following is some information about my policies and procedures:

Confidentiality

The information you discuss during a psychotherapy session is protected as confidential under law (CRS 12,43,214 (l)(d)) with certain limitations.

- It is my policy to report suspected child abuse without an investigation to the proper authorities who may then investigate.
- I also may take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.
- If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- If you chose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement.
- I may seek consultation from another mental health professional. However, your identity will not be revealed without your consent, and your privacy will be protected by that professional.
- Clerical persons hired by me may have access to limited confidential information. This information is protected from further disclosure and is used solely for administrative purposes.
- When I am away from my office for a few days, I may ask another licensed therapist to cover emergencies for me. Generally, I will tell this therapist only what he or she needs to know for an emergency.

Health Care Benefits

In the event that you choose to use your health care benefits and my services are reimbursable under your insurance plan, you will have to give me written authorization to release required information. Released confidential information may range from identifying information, diagnosis, dates and types of sessions and charges to a complete assessment with treatment goals and progress reports when your benefits fall under managed care. My policy is to provide only the least amount of information necessary for the purpose of authorizing benefits. I can not be in control of the storage of confidential information nor access to your confidential information when it is given to a third party. The insurance company will determine benefit coverage and the kind of service for which they will reimburse. I will discuss with you my recommendations for treatment, and you will decide how you want to proceed. You are responsible for seeing that my services are paid for.

Contact Methods and Availability

You may leave a voice mail message on my business phone (720-988-5620) 24 hours a day, 7 days a week and I or a designated backup therapist will attempt to return your call within 24 hours during the weekdays or on the first working day following a weekend or holiday. During my vacations or absences from my practice, I will designate a backup therapist to cover any emergencies.

Texting is recommended only for brief schedule-related communications. As a general rule, I do not engage in text conversations regarding clinical matters as 1) texting is not HIPPA protected and 2) texting is prone to miscommunication due to the lack of voice tone and/or inflection.

Emails also is an option for schedule-related communication, but generally is replied to less promptly than telephone messages.

Cancellation Policy

I charge a \$75 fee for any session canceled with less than 24 hours notice, if the reason is not an emergency, or for any missed session.

Records

Records include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made. My private psychotherapy notes are kept separate, and are further protected from unauthorized access. Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They will only be released with your written permission and direction, and if you were seen in couple or family sessions, all adults present would have to sign the release. It is my policy to not release an entire record, even with your consent. Instead, I may summarize the content related to the request. You will be granted reasonable access to your record, but not my psychotherapy notes. You may request, in writing, an amendment to your record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings.

Termination

Termination will usually be agreed upon mutually, but you are free to terminate at any time. However, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

I have read the preceding information and understand my rights and responsibilities as a client.

Client Signature (Guardian for Minor)

Date

Therapist Signature

Date