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## PRACTICE GUIDELINES AND POLICIES

### INDIVIDUAL (CHILD AND ADULT), COUPLES, & FAMILY THERAPY

BY SIGNING AND INITIALING THE CLIENT INTAKE FORM, YOU ACKNOWLEDGE THAT YOU HAVE HAD THE OPPORTUNITY TO READ THIS DOCUMENT AND YOUR THERAPIST HAS HAD THE OPPORTUNITY TO VERBALLY EXPLAIN THE IMPORTANT POINTS TO YOU.

**Note:** For clients who receive services paid for through the Division of Vocational Rehabilitation or Workers Compensation, the following financial information (only) will not apply to you, unless and until your authorization for services terminates and you pursue services independently. At that time, you may use your insurance benefits or choose to pay privately, and at that time, the financial information below will apply to you.

#### FINANCIAL INFORMATION

##### PROFESSIONAL FEES

*Individual, Couples, and Family Counseling Fees:*

Initial consultation – up to 60 minutes – \$150

On-going session of up to 45-minutes – \$120

On-going session of up to 60-minutes – \$150

Unlicensed therapist up to 60 minutes (private pay/sliding scale) - \$80

These are the charges submitted to insurance companies or paid via private pay. A contracted insurance rate may differ from this amount for covered services. In addition to sessions, the amount charged for other professional services *you may request*, will be billed to you (not your insurance company) on a prorated basis to the next 15 minutes, after the first 15 minutes. Some services including report writing, telephone conversations lasting longer than 15 minutes with you, consulting with other professionals or family members with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request may not be covered by your insurance plan.

##### Cancellations and No-Show Charges:

For individual, couples, and family appointments, **C4VL charges a Late Cancellation and No-Show fee of \$120 for licensed therapists and \$80 for unlicensed therapists. This fee is assessed for the time you reserved with your therapist for services that could not be rendered to you or other clients.** You will not be charged for any appointments that are **cancelled at least 48 hours (2 days) in advance** or if your slot can be filled with a new appointment. It is important to note that insurance companies do NOT provide reimbursement for cancelled or “no-show” sessions so these will not be eligible for insurance reimbursement. It will be **your responsibility to pay**. Due to legal and contractual obligations, Medicaid and EAP clients will not be charged this fee. However, to be fair to other clients who could use the scheduled time, C4VL reserves the right to refer clients to another provider and terminate the client relationship if appointments are missed/cancelled several times. As there is no appointment reminder service used, please note that you will need to keep track of your scheduled appointment time and you will

not receive a reminder call or email.

If there are school or business closings due to inclement weather in the city where you live or by the practice location, you may cancel with less than 48-hour notice without any charge. Although you need to make decisions regarding weather based on your own comfort and safety level, you may be charged if you cancel less than 48 hours before your scheduled appointment due to weather that does not lead schools and businesses to close. While it is understandable that people do get sick from time to time, those with minor illnesses will incur a charge if canceled late; inpatient hospitalizations or other imminent and major medical issues to the client or immediate family member may be excused.

## **INSURANCE REIMBURSEMENT**

### *In-network:*

Currently, C4VL accept payments directly from select insurance companies. Please call C4VL for more information AND inquire with your insurance company to see if the specific service you are seeking is reimbursed through your plan. It is your responsibility to verify the terms under which mental health services are covered, as each plan is different. Please call your insurance company BEFORE any services are rendered, asking:

- how many sessions are covered per year or if you have a limited number of sessions
- what your copay and coinsurance are (payable at time of service)
  - A copay is a set fee paid each time you see your therapist – if your plan requires that you pay a copay, you need to clarify if your plan considers your mental health provider a primary care professional or specialist, as the fees may be different.
  - Coinsurance is a percentage of the amount we have agreed to charge for your services.
- if prior authorization or a doctor referral is required (including for additional sessions)
- if there are any exclusions under your mental health policy
- if you have to meet an annual deductible before your plan will pay for services and when this deductible begins; also how much of your deductible have you met so far?

Please confirm your ID#, Group#, insurance carrier, plan name, insurance address, and provider phone.

Please have this information available prior to your first appointment. You will be asked to fill out information that will be submitted to your insurance company for reimbursement to C4VL. You will be responsible for any costs of service that your insurance does not cover such as deductible, copay and coinsurance. If your plan does not cover services, you will be responsible for full payment at \$120-150/hr, so it is important that you check with them.

If your insurance changes, you are responsible for the cost of treatment not covered by your new insurance company.

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### *Out-of-Network:*

If you would like to see a C4VL provider even though we are not an “in-network” provider under your insurance, you may still be able to obtain reimbursement for “out of network” services. You must pay the full fee to C4VL at the time of service and then submit a claim with a receipt for your payment directly to your insurance company for reimbursement. C4VL can provide a detailed receipt. It is your responsibility to verify the terms under which out-of-network mental health services are covered under your insurance, as each plan is different. Please call your insurance provider BEFORE any services are rendered, asking:

- how many sessions are covered per year or if you have a limited number of session
- what percentage of the fee is covered
- if prior authorization or a referral is required
- if there are any exclusions under the mental health policy
- what information you would need to receive reimbursement directly from your insurance company
- if you must meet a separate out-of-network deductible (this is sometimes different than your in-network deductible)

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Other Insurance Issues:

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

**Please understand that you are ultimately responsible for all charges incurred for the services you receive. A referral from your physician, pre-certification of insurance coverage, and recommendation for services, among other things, do not guaranty insurance payment.**

You should also be aware that your health insurance company may require your therapist to provide information relevant to your services. For example, we are required to provide a clinical diagnosis. Sometimes we are also required to provide additional clinical information such as your treatment plan, a summary of your health record, or a copy of your entire Clinical Record. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, C4VL has no control over what they do with the information once it is in their possession. We can provide you with a copy of any report submitted, if you request it. By signing your intake paperwork, you agree that C4VL is authorized to provide information requested by your insurance carrier if you are seeking insurance reimbursement.

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Determination to Forego Insurance Coverage:

If you have insurance but want to pay for services yourself rather than submit a claim to your insurance carrier, payment will be due in full when you check in for each visit. You will be asked to sign a separate statement acknowledging that you have accepted full responsibility for payment of charges for all services rendered by a Licensed C4VL provider.

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Medicaid:

If you signify you currently have a private health insurance plan and no Medicaid supplement, or you plan to pay for your services privately, by signing the client intake form, you are indicating that you are not presently covered under Colorado Medical Assistance ("Medicaid"). Since different rules apply with respect to treatment of Medicaid patients, you agree to notify C4VL if, at any time while we are providing services to you, you become a Medicaid beneficiary. Likewise, if you are a current Medicaid beneficiary, it is your responsibility to notify your provider of any changes as well.

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Other Financial Issues:

A \$30 insufficient funds fee will be charged for any returned checks. You will also be responsible for any and all costs associated with collecting outstanding balances for services rendered including reasonable attorney fees and interest charges.

## **CONTACTING C4VL**

The main C4VL telephone is answered by a voicemail system, which notifies us of every message left. We will make every effort to return your call within 48 hours or two business days from when you leave your message, likely sooner. This excludes weekend time and traditionally observed holidays. We do not return calls to pagers and no text messages are accepted. **You should exchange contact information directly with your provider to coordinate care with them (i.e., setting or canceling appointments, etc.).** In cases of life-threatening emergencies, please go to the nearest emergency room, or call 911. There are also many resources on the internet such as after-hours hotlines for a multitude of problems one might be experiencing. While you may contact us via email, you should know that email is NOT a confidential form of communication and we cannot guarantee the confidentiality of your information if you use this form of contact. Also, we will not conduct therapy sessions via email and it should NEVER be used as an emergency method of contact, as we may not check it very frequently. Email is best used only for informational purposes and scheduling questions or conflicts. If your therapist will be unavailable for an extended time, they will provide you with the name of a colleague to contact, in case of emergency, and that information will also be on their specific voicemail message.

## **MINORS & PARENTS**

Pursuant to Colorado law, adolescents 12 and older may consent to their own treatment without the consent of their parents. Clients under 12 require parental consent for treatment. Parents should be aware that the law allows for parents to examine their child's Clinical Records, unless a professional person decides that such access is likely to injure the child.

Because privacy in therapy is often crucial to successful progress, particularly with young people, it is our policy to request an agreement from parents that they consent to give up their access to their child's records. By signing the child intake form, parents agree to this request and understand that their therapist will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless there is a court order instructing the therapist to reveal information to the parent or the therapist feels that the child is in danger or is a danger to someone else, in which case, they will notify the parents of their concern. Before giving parents any information, the therapist will discuss the matter with the child, if possible, and do his or her best to handle any objections he or she may have. Children of divorced parents, under the age of 12, where parents have joint custody, will need the consent of both parties before treatment can begin. Please see the intake paperwork specifically for children for further details.

*Regarding Divorce and Custody Litigation:* If you are involved in divorce or custody litigation, our therapists will not make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena your therapist to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that your therapist write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

## **THERAPISTS' LICENSURE AND EDUCATION**

The practice of licensed psychologists (LP), licensed clinical social workers (LCSW), licensed professional counselors (LPC), licensed marriage and family therapists (LMFT), licensed professional counselor candidates (LPCC), and unlicensed, registered psychotherapists is regulated by the Division of Professions and Occupations at the Colorado Department of Regulatory Agencies. The address by which this regulatory body can be reached is: 1560 Broadway, Suite #1350, Denver, CO 80202. The phone number is (303) 894-7800 and their website is <http://www.dora.state.co.us/>

Please be aware that none of our therapists are psychiatrists or other medical physicians and, therefore, cannot prescribe medication, give medical advice, nor perform any medical procedures. If your therapist determines that medical treatment is indicated, the therapist can recommend a physician for you or can consult with any physician you may see, after you sign an Authorization of Release of Information (ROI) form, which is a document intended to protect your confidentiality.

Please see our website at [www.c4vl.com](http://www.c4vl.com) for the most updated information on our therapists' credentials / licensure as well as their degrees.

(Our providers contract to work on behalf of C4VL and many work out of their own practice locations and may work for other practices or organizations. Please refer to your insurance plan to determine if your provider is in-network with your particular plan with Center for Valued Living, PLLC, specifically, and not another practice name. Providers will schedule their own appointments.)

Lisa Michelle Griffiths, PsyD	PSY # 3615	2620 S. Parker Rd. #185, Aurora, CO 80014
Angela Clark, MA	LPC # 0012011	2620 S. Parker Rd. #185, Aurora, CO 80014
Kacy Behrend, MA, LAC, EMDR	LPC # 0013833 LAC # 0000857	2620 S. Parker Rd. #185, Aurora, CO 80014
Joanne Roberts, MFT	LMFT # 0000638	2620 S. Parker Rd. #185, Aurora, CO 80014
Svetlana Skorniyakov, MFT	LMFT # 0001557	2620 S. Parker Rd. #185, Aurora, CO 80014
Kimberly Dunn-Lipscomb, MSW	LCSW # 09924905	2620 S. Parker Rd. #185, Aurora, CO 80014
Mary Kathryn Reisel, MSW ATR	LCSW # 1032	260 S. 112th St., Lafayette, CO 80026
Danielle Weiss, MSW	LCSW # 09924597	2825 Marine St., Suite 204, Boulder CO 80303  954 North St. Suite 304 Boulder CO 80304
George Laws, MSW, EMDR	LCSW # 991839	255 Canyon Blvd Suite 200, Boulder, CO 80302
Andrea Forlina, MSW	LCSW # 00000012	1355 S. Colorado Blvd, Ste. C-810, Denver, CO 80222
Theresa London, MSW	LCSW # 09924302	39025 County Rd. 21, Elizabeth, CO 80107
Yakitta Renfroe, MA, EMDR	LPC # 0013563	3210 E. Woodmen Rd Suite 110 Colorado Springs, CO 80920
Jessica Oshier, MA	LPC # 0015924	2620 S. Parker Rd. #185, Aurora, CO 80014
Brianna Jones, MA	LPC # 0016909	2620 S. Parker Rd. #185, Aurora, CO 80014
Christopher Carpenter, MS	LPC # 0015448	113 W. Chaco, Aztec, NM 87410
Mary Prinz, MSW	LCSW # 00991014	Telehealth Only
Heather Blanchard, MA	LPC # 0016193	420 S Howes Street, Fort Collins, CO 80421

**Some insurance companies, such as CCHA Medicaid, RMHP Medicaid, Beacon Medicaid (Northeast Health Partners and Health Colorado) and Cigna allow “incident-to-billing,” meaning that those services will be performed by a therapist who has a Master’s Degree in a field related to counseling/therapy and the associated training. They are in the process of accruing their supervised post-graduate hours required for licensure, so they are not yet licensed. The services will be billed under a Licensed provider who is the supervisor for the unlicensed therapists listed in the bottom of this document.**

The following individuals are unlicensed or provisionally licensed therapists. An LPCC is a Licensed Professional Counselor Candidate who has satisfied the educational requirements necessary to accrue hours and supervision towards licensure. A registered psychotherapist (e.g., NLC) is a psychotherapist listed in the state's database and is authorized by law to practice psychotherapy in Colorado, is not licensed by the state, and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. However, C4VL only employs therapists who have completed a Masters degree in a counseling field from an accredited school and are in the process of or have completed accruing post-masters hours towards licensure, under supervision by a licensed professional. The individuals below are currently providing teletherapy sessions to CCHA Medicaid, RMHP Medicaid, Cigna, Beacon Medicaid, and private pay clients on a sliding scale. They will resume in-person therapy once it is safe to do so but will also continue teletherapy as well.

Natalie Clayton, MA, LPCC #0017746 --- Colorado Spring, CO - supervised by Dr. Lisa Griffiths, PsyD (Licensed Psychologist #3615)  
Dawn DeAno, MA, LPCC #0017812 --- Lafayette, CO - supervised by Dr. Lisa Griffiths, PsyD (Licensed Psychologist #3615)  
Iris Tun, MA, LPCC # 0015957 --- Colorado Springs, CO - supervised by Dr. Lisa Griffiths, PsyD (Licensed Psychologist #3615)  
Jacqueline Stuckey, MA, LPCC # 0017614 --- Colorado Springs, CO - supervised by Yakitta Renfroe, MA, LPC (LPC #0013563)  
Fred Rhodes, MA, LPCC # 0018179 --- Colorado Springs, CO - supervised by Yakitta Renfroe, MA, LPC (LPC #0013563)  
Erin Lair, MA, LPCC # 0017091 --- Colorado Springs, CO - supervised by Yakitta Renfroe, MA, LPC (LPC #0013563)

*Consultation and Supervision*

It is a common practice for therapists to consult with other professionals or colleagues about issues that arise within therapy. Confidentiality will still be protected during consultation sessions. By signing this disclosure statement, you are giving your therapist permission to obtain consultation to better help you. The unlicensed therapists will also receive regular clinical supervision regarding the work they do with you with their supervisor, listed above.

Please sign to acknowledge you have read this document and acknowledge its contents.

Client (18+) or Parent / Guardian Full Name	Client (18+) or Parent / Guardian Signature	Date
Required if shared decision-making		
Additional Parent / Guardian Full Name	Additional Parent / Guardian Signature	Date