

# Disclosure Statement

Deedra Ivie, LPC

Phone: 970-581-8077

Mailing Address: P.O. Box 229 Drake, CO 80515

## **Qualifications**

Deedra Ivie has completed her Masters of Counseling at Colorado Christian University in 2008. She has worked as a therapist for six. She became a Licensed Professional Counselor in 2010. She has worked in social services field for ten years before becoming a counselor.

## **Counseling Background**

Deedra Ivie, LPC served children, teenagers, families and adults in individual and group therapy. She has worked in Residential Centers for Teenagers, Child Placement Agency and Mental Health Centers. Techniques she has used in the past are DBT, Play Therapy, Family Therapy and Cognitive Behavior Therapy. Her approach is person centered, which is meeting the client where they are in a positive and encouraging way. When clients are interested in a spiritual approach she has experience integrating the client's beliefs into the session.

## **Session Fees and Length of Service**

\$80 per 50 minute online sessions.

\$40 for 25 minute online sessions.

Check or Card

## **Cancellation Policy:**

If you miss a session without canceling, or cancel with less than 24 business hours' notice, you will be charged half of the session fee.

## **Legal Fees:**

Legal fees for any court-related activities (e.g., responding to a subpoena for records or court appearances) will be charged at \$200 per hour of service provided, to be pro-rated by the half hour.

## **Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

## **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

## **Online Counseling Services:**

Online counseling services are most suitable for clients over the age of 18 years-old.

Although online counseling services may be helpful, direct, face-to-face services are highly recommended and encouraged, especially for clients either looking for long-term treatment, clients in crisis or diagnosed with major

mental health issues.

Online counseling *does not provide crisis counseling* and is *not intended* for clients who:

1. Have a history of major psychiatric episodes, hospitalizations or drug/alcohol dependence.
2. Have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia.
3. Have a history of suicidal, homicidal or violent behavior or present as suicidal, homicidal or violent.

***If you are considering suicide, or believe yourself to be a potential safety threat to others, you must immediately call 911, (800) LIFE-NET and/or notify the police and/or seek emergency care at your local hospital.***

Full Client Mental Health Disclosure & Right To Refuse Online Counseling Services:

If you have any history of major psychiatric episodes, hospitalizations or drug/alcohol dependence or have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia -**YOU MUST disclose this information to Deedra Ivie, LPC prior to being considered for online counseling services.**

**About Distance Counseling:**

Also known as Telepractice, Cyberpsychology, Text-Based Therapy, Telehealth, Behavioral Telehealth, and Online Therapy. Distance counseling is providing a psychotherapy service that is not “in person” and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, email, internet, or video conference. Distance Counseling is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing licensed practice in Colorado.

**Complaints**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

The practice of being an LPC is regulated by the State of Colorado and if you have concerns and want to report them the contact information is:

State of Colorado Department of Regulatory Agencies  
Division of Professions and Occupations  
State Board of Licensed Professional Counselors  
Suite 1350,1560 Broadway Denver, CO 80202-5146  
Phone: 303-894-7800

**Acceptance of Terms**

I agree to these terms and will abide by these guidelines. I have also received a copy of the HIPAA Policy.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

## **Notice of Privacy Rights**

### **Uses and disclosures of protected information**

*General uses and Disclosures Not Requiring the Client's Consent.* I will use and disclose protected health information in following ways:

*Treatment.* Treatment refers to the provision, coordination, or management of health care, including mental health care, and related services by one or more health care providers. For example, myself or any staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

*Payment.* Payment refers to the activities undertaken by a health care provider, including a mental health provider, to obtain or provide reimbursement for the provision of healthcare. For example, I will use your information to develop accounts receivable information, bill you, and with your consent provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service received.

*Health Care Operations.* Health Care Operations refers to activities undertaken by myself that are regular functions of management and administrative activities. For example, I may use your health information in monitoring service quality, staff training and evaluation, medical review, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

*Contacting the Client.* I may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

*Required by law.* I will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information; (c) when there is a legal duty to warn or take action regarding imminent danger to others; (d) when the client is a danger to self or others or gravely disable; (e) when required to report certain communicable diseases and certain injuries; and (f) when a Coroner is investigating the client's death.

*Health Oversight Activities.* I will disclose protected health information to health agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

*Crimes on the premises or observed.* Crimes that are observed by myself that are directed toward myself, or occur on the office premises will be reported to law enforcement.

*Business Associates.* Some of the functions of Ivie Wellness Center are, or could be provided by contracts with business associates. For example, some administrative, clinical, quality assurance, legal, auditing and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them. *Research.* I may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed.

*Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

*Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonable inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

*Emergencies.* In life threatening emergencies I will disclose information necessary to avoid serious harm or death.

*Client Authorization or Release of Information.* Deedra Ivie may not sue or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a

release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent I have already taken action in reliance there on.

### **Your Rights As a Client**

*Access to Protected Health Information.* You have the right to inspect and obtain a copy of the protected health information I have regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask me for the appropriate request form.

*Amendment of Your Record.* You have the right to request that I amend your protected health information. I am not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask me for the appropriate request form.

*Accounting of Disclosures.* You have the right to receive an accounting of certain disclosures I have made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment or healthcare operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed

Authorization. There are other exceptions that will be provide to you, should you request an accounting.

To make a request, ask me for the appropriate form.

*Additional Restrictions.* You have the right to request additional restrictions on the use or disclosure of your health information. I do not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask for the appropriate request form.

*Alternative Means of Receiving Confidential Communications.* You have the right to request that you receive communications of protected health information by alternative means or at alternative locations. For example, if you do not want me to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such request, which will be provided to you at the time of the request process. To make a request, ask for the appropriate request form.

Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

### **Additional Information**

*Privacy Laws.* It is required by State and Federal law to maintain the privacy of protected health information. In addition, I am required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice. *Terms of the Notice and Changes to the Notice.* I am required to abide by the terms of this Notice, or any amended Notice that may follow. I reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in my service delivery sites and will be available upon request.

*Complaints Regarding Privacy Rights.* If you believe I have violated your privacy rights, you have the right to complain. To file your complaint call:

Deedra Ivie, LPC

Physical Address: 1180 Graves Ave A-8 Estes Park, CO 80517

Mailing Address P.O. Box 229 Drake, CO 80515

970-581-8077

You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to:

The Office of Civil Rights

U.S. Department of Health and Human Services

1961 Stout Street Room 1426  
Denver, CO 80294  
Phone: 303-844-2024 TDD: 303-844-3439

It is my policy that there will be no retaliation for your filing of such complaints.  
Additional Information. If you desire additional information about your privacy rights, please contact:  
Deedra Ivie, LPC  
Physical Address: 880 MacGregor Ave. Estes Park, CO 80517  
Mailing Address P.O. Box 229 Drake, CO 80515  
970-581-8077

Effective Date. This Notice is effective February 1, 2021.

# Ivie Wellness Center

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Phone: 970-581-8077

Mailing Address: P.O. Box 229 Drake, CO 80515

Email: deedra@iviewellnesscenter.com

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## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I request and authorize Deedra Ivie, LPC release healthcare information of the patient named above to and from :  
(Example: Insurance Company, Family, Doctor, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_  
\_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_  
\_\_\_\_\_

Yes  No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THIS AUTHORIZATION EXPIRES 1 YEAR AFTER IT IS SIGNED.