**Clinical Services & Provider Disclosure**

Welcome to **Medical Psychology Associates**, we are pleased to have the opportunity to work with you! While this is a lengthy document, it is required by law and we recommended that you read through it entirely. If you have any questions or concerns, please feel free to discuss them with Dr. Wylie at any time.

**Provider Disclosure Statement**

**Licensed Psychologist**

Name: **Scott D Wylie, Psy.D., MSCP**

License #: **2962**

Telephone #: **(888) 666-0974**

Fax #: **(970) 223-4433**

**Physical and Mailing Address:**

113 Coronado Court Suite 202

Ft. Collins, Colorado 80525

Degree: **Doctor of Psychology (Psy.D.),** Clinical Psychology – Southern California University (1999)

A Doctor of Philosophy (PhD) or Doctor of Psychology (PsyD) requires completion of a five-year graduate program during which doctoral candidates complete relevant coursework, a doctoral dissertation, supervised clinical work, and oral and written comprehensive examinations. Prior to graduation, candidates must complete a 2000-hour internship/residency to fulfill degree requirements. After receiving the doctoral degree, individuals must complete an additional 2000 hours of supervised clinical work before being allowed to take the licensure examination. Successful passing of the licensure examination indicates that an individual fulfilled both practical and academic requirements to become a Licensed Psychologist.

Degree: **Post-Doctoral Master of Science (MSCP),** Clinical Psychopharmacology- Alliant University (2008)

The Post-Doctoral Master-of-Science Degree in Clinical Psychopharmacology prerequisites are completion of an approved doctoral degree (Ph.D., Psy.D.) in Clinical Psychology and a current licensure to practice independently as a psychologist. The degree requires 2.5 years of fulltime coursework including Clinical Medicine/Pathophysiology, Anatomy & Physiology, Neuroanatomy & Neuropathology, Physical & Neuropsychiatric Assessment, Biochemistry, Neurochemistry, Pharmacology & Neuropsychopharmacology, Clinical Pharmacotherapy, Medical & Psychiatric Laboratory Analysis and Psychiatric Prescribing for Special Populations. This degree was designed and currently utilized for training Prescribing Psychologists and continues to be the training model used in states allowing properly trained psychologists to prescribe medications.

The practice of licensed or registered persons in the field of psychology/psychotherapy is regulated by the Mental Health Boards in the Division of Professions and Occupations. **The Board of Psychology** can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, **(303) 894-7800**.

**Levels of Regulation Applicable to Mental/Behavioral Health Professionals**

* *A* ***Licensed Psychologist*** must hold a doctorate degree (Ph.D., Psy.D.) in psychology, complete 2-years of supervised clinical training including a 1-year post-doctoral residency training program and pass both national and state examinations in psychology.
* A *Licensed Clinical Social Worker (LCSW)*, a *Licensed Marriage and Family Therapist (MFT),* and a *Licensed Professional Counselor (LPC)* must hold a master’s degree in their profession and have two years of post-master’s supervision. and pass an examination in social work
* *A Licensed Social Worker* must hold a masters degree in social work, and pass an examination in social work.
* *A Psychologist Candidate*, 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.
* *A 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 a behavioral health field, and complete additional required training hours and 2,000 hours of supervised experience. and pass a national exam.

* A *Licensed Addiction Counselor* must have a clinical masters degree and meet the CAC III requirements, and pass a national exam.
* A *Registered Psychotherapist* is registered with the State Board of Registered Psychotherapists, is not licensed or certiﬁed, and no degree, training or experience is required.

***Your Rights***

* You are entitled to receive information from your clinician about the methods of therapy/assessment, the techniques used, the duration if known, and the fee structure. You can seek a second opinion from another clinician or terminate therapy/services at any time. A patient/client is entitled to information, upon request, concerning any clinician who is providing psychological/psychotherapy services to them. Such information includes: the providers name, educational degrees, licenses and credentials.
* You can seek a second opinion from another provider or terminate services at any time.
* In a professional relationship, ***sexual intimacy is never appropriate*** and should be reported to the appropriate board that licenses, registers, or certiﬁes the licensee, registrant or certificate holder.
* It is unlawful to perform conversion therapy on a minor client. Conversion therapy is defined in statute as any practice or treatment that attempts or purports to change an individual’s sexual orientation or gender identity. This includes efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings towards individuals of the same sex. If conversion therapy occurs, it should be reported to the State Board of Social Work Examiners at the contact information listed above.

***Consent for Treatment***

On May 16, 2019, Governor Polis signed into law Colorado House Bill 19-1120, which lowers the age of consent for psychotherapy services from 15 to 12 years old. The law took effect upon signature. Under the statute, before a minor 12 years or older can consent to treatment, your provider must first determine that the minor is knowingly and voluntarily seeking the psychotherapy services and that the services provided are clinically indicated and necessary to the minor client’s well-being. These must be documented in the minor client’s clinical chart.

***Fees***

Our ***fee-for-service*** rate for healthcare related services is ***$150.00 per 45-minute session***. If you are receiving therapy through EAP or health insurance we will work with you to bill your insurance, however, you agree that you are responsible for payment of all services. Co-pays are due at the time of service. Private pay clients (not utilizing insurance) are expected to make payment at time of service. ***Forensic services, specialized assessment services, services paid for via DVR, and all testing services*** have specific and separate fee structures Please ask if you have any questions about fees.

***Records & Retention***

Our office maintains all records for 7-years after the date of last treatment (7 years after the age of majority in the case of a minor). After the 7-year period, your records may no longer be available and may be shredded or destroyed. Upon executing an appropriate authorization for release, you may receive a copy of your records, have them forwarded to another provider, or I may prepare a summary for you instead. Because these are professional records, we recommend that you review them in your provider’s presence so that you may discuss the contents. Psychotherapy notes, as defined at 45 CFR §164.501, are your provider’s personal, professional notes, and they do not provide copies of my psychotherapy notes.

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 seven years after the person discovered or reasonably should have discovered the alleged violation. As noted, our office maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

**Privileged Communication & Confidentiality**

Generally speaking, the information provided by and to the patient/client during treatment or assessment sessions is legally conﬁdential and cannot be released without your consent. There are exceptions to this, some of which are listed in section **12-43-218 of the Colorado Revised Statutes*,*** and the Notification of Privacy Rights and Facility Disclosure you were provided, as well as other exceptions in both Colorado State and Federal law. For example, mental health professionals are ***required*** to report suspected child abuse to authorities. If a legal exception to your confidentiality arises during your treatment/assessment, if feasible, you will be informed accordingly.

Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor. All clinicians are required by law to report such instances to the Department of Social Services and / or law enforcement. Additionally, in the event of imminent danger to yourself or another person, your provider is required by law to protect you, which may result in you being hospitalized. They also have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind. Additionally, in some circumstances, a court may order the release of information, and records, or your provider may be ordered to testify in court.

**Please keep this important document in your records in case you need it in the future**

***I have read the attached information and understand my rights as a patient/client or as the patient/client’s legal representative.***

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**Print Name**

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**Sign Name** **Date**