**INTAKE PACKET**

*Please note: Information you provide here is protected as confidential information.*

Legal Name:

Preferred Name:

Name of parent or guardian (if under 18 years):

Birth Date: Age: Gender: Pronoun:

Relationship Status:

□ Single □ Partnered □ Married

□ Separated □ Divorced □ Widowed

Home Address (City/State/Zip):

Cell Phone: May we leave you a message? □Yes □No

E-mail: May we e-mail you? □Yes □No

Please note: E-mail correspondence and text messages are not considered to be a confidential mode of communication.

Emergency Contact Name:

Telephone Number: Relation:

Employment:

Cultural Considerations:

Please list any children and their ages:

Who do you have for support?

What are your current coping strategies?

How are you sleeping?

How are you eating?

How are you staying active?

Please describe your current symptoms (what brought you to therapy?):

Please list any other providers you are currently receiving care from (medical provider, nutritionist, acupuncturist, physical therapist, lactation consultant, etc.):

Are you currently taking any medications (prescribed, over-the-counter, supplements)? Please include the prescribing physician and the date started.

Have you ever been hospitalized or received inpatient treatment for a mental health or substance abuse issue?

 If so, when and where:

What are 2-3 goals for therapy?

Referred by (if any):

**ANCHORED DENVER**

**POLICIES/PROCEDURES AND CONSENT FOR TREATMENT**

**CONFIDENTIALITY**

The information you discuss during a psychotherapy session is protected as confidential under law (CRS 12.43.214(I)(d) with certain limitations.

• As a mandated reporter I must follow Colorado state law to report suspected child abuse to the proper authorities who may then investigate. This includes prenatal exposure to controlled substances.

• As a mandated reported following Colorado state law, I may be required to seek an order for a mental health evaluation if I deem you to be of serious harm to yourself or another. Any action I take will be discussed with you prior.

• It is my duty, under Colorado statute to warn any individual in imminent danger of harm by you, as well as to report the danger to authorities.

• If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.

• If I seek consultation from another mental health professional, your privacy will be protected by that professional. I will reveal only the necessary private information for the purpose of the consultation.

• If another mental health professional is involved in your mental health treatment and I determine that it is important for your treatment, I may collaborate in order to coordinate care. Your authorization will be obtained in advance.

**COUPLES AND FAMILIES**

Whenever more than one related person is seen by me in individual, family or a combination of modalities, issues around confidentiality and conflicts of interest must be discussed. Related individuals must be fully informed about the planned work. And in order to protect my role as therapist, each person must agree to respect the confidentiality of other family members. Any release of information about family work will require signed authorizations from all individuals age 15 and older. In addition, each person must agree not to involve me in litigation with the other.

**PRACTICE FEES**

Individual Counseling (50 minutes): $110

Couples Counseling (75 minutes): $130

\*In response to COVID-19, Anchored Denver is offering a package of 3 sessions (45 minutes) at a reduced rate of $250.

Anchored Denver maintains the right to increase fees in the future. Clients will be notified in advance of any change in the fee structure if impacted. Scholarship rates may be available in some circumstances.

**PAYMENT**

Full payment is due at the time of treatment. Payment will be collected through cash, check or credit card. Please make checks out to Anchored Denver. Credit or debit card payment via Square is available. Credit cards can be stored if permitted by the client (last 4 numbers only are visible to Anchored Denver).

**Client or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGED CARE**

Anchored Denver accepts referrals from MINES and Associates and Modern Health (Employee Assistance Programs).

Anchored Denver does not currently contract with any commercial insurance carriers. Clients will be provided with an out-of-network statement should they wish to pursue reimbursement through their insurance carrier.

As of July 1, 2018, Anchored Denver is contracted with Medicaid for behavioral health services through Colorado Community Health Alliance (CCHA), which serves Region 6 and Region 7.

**Client or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CANCELLATION**

All appointments must be cancelled 24 hours in advance, with exceptions made for medical emergencies or circumstances that are completely out of your control. If an appointment is missed without 24-hour notification, you will be billed for the full hourly fee. **Please always call or text your clinician at 720-515-9540 instead of e-mailing for time-sensitive information regarding scheduling and cancellations**.

**PLANNED ABSENCES**

During my vacations or absences from my practice, we will discuss your coverage needs and make appropriate arrangements. Typically, I will utilize my colleague, James Nee LCSW, to support clients during times I am away. For Mr. Nee to provide quality care I will need to share with him some information about yourself and your situation. By signing, you consent to Sarah Rasche LCSW sharing minimum necessary information with James Nee LCSW to act as a support to you if I am away. By not signing you are opting to create an alternative plan that will be discussed and agreed upon with Sarah Rasche LCSW.

**Client or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CRISIS SERVICES**

I do not offer services outside of my scheduled hours. When possible, I check my voicemail during the day within working hours, and when available, I attempt to respond to crisis needs via phone contact or urgent appointment. All crisis communication via phone or e-mail will accrue a prorated fee according to the hourly therapy rate we have agreed upon.

Please call 911 if you feel that you, or someone else, is in danger of being physically harmed. For crisis support outside of my office hours, you can contact **Colorado Crisis Services for urgent behavioral health needs at 1-844-493-8255**.

**LITIGATION**

If you are involved in divorce or custody litigation, please understand that my role as a therapist is not to make recommendations for the court concerning parenting or custody issues, nor to testify in court concerning a opinion or issue involved in the litigation. By signing this disclosure statement you agree not to call me as a witness in any such litigation. Only court appointed evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. Information discussed in therapy is meant for your exclusive use in healing and growth. Evaluations to be used for legal purposes should be obtained from a non-treating professional independent of the therapy.

**WAIVER OF LIABILITY FOR E-MAIL OR TEXT EXCHANGE**

If I use e-mail or text with Sarah Rasche LCSW, I understand this will only be used for scheduling and other administrative communication. If I choose to text additional information that could be considered private and/or sensitive, that is my choice alone. I agree not to hold Sarah Rasche LCSW liable if, through no fault of Sarah Rasche LCSW or myself, a third-party gains access to my emailed or texted information.

**Client or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NO RECORDING**

In order to preserve the vulnerability and openness necessary for effective therapy to occur, neither client nor therapist will record therapy sessions at any time for any reason unless otherwise discussed and approved by both parties in writing.

**RECORDS**

In general, Anchored Denver does not maintain a physical paper record and instead uses an electronic record system. Records are maintained and will be destroyed in accordance with state and federal laws and regulations. Currently, Colorado law requires that Sarah Rasche LCSW maintains your records for a period of seven (7) years commencing on the date of termination of services or the date of last contact with the client, whichever is later. When the client is a child, the records must be maintained for a period of seven years commencing either upon the last day of treatment or when the child reaches 18 years of age, whichever comes later, but in no event shall records be kept for more than 12 years. After this time, your records will be destroyed. If you would like further information about the maintenance of your records, please ask.

Anchored Denver may also store and maintain client information electronically on computers and/or mobile devices owned by Sarah Rasche LCSW. To maintain security and protect this information, Sarah Rasche LCSW takes reasonable precautions which may include the use of firewalls, antivirus software, encryption methods, and changing passwords regularly to protect computers and devices from unauthorized access. Anchored Denver uses a web-platform called Theranest for storing or backing up client records.

**TERMINATION**

Termination is an important part of your therapy and ideally should occur through multiple sessions. There may be circumstances where we agree to terminate before all issues have been resolved. Such circumstances may include a failure to meet the terms of our fee agreement, or a need for special services outside of the area of my competency. Should this occur, termination will be discussed and agreed upon together and I will assist you in making different plans for yourself, including referral to more appropriate resources.

**CONSENT FOR TREATMENT**

If you have any questions about this agreement, I invite you to discuss them with me. In signing this agreement, you are stating that you have read and understand this contract and that you give your informed consent to the policies and procedures described above.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand this policy statement and agree to all of the above terms. I authorize Sarah Rasche, LCSW to provide counseling services at my request and with my informed consent.

**Client or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Clinician Name: | Sarah Rasche, MSW, LCSW, PMH-C |
| Degrees, Credentials, Registrations, Licenses: | Degrees: Bachelor of Arts: George Washington University, 2009 Master of Social Work: University of Denver, 2013License: CSW (Licensed Clinical Social Worker) Colo. DORA #09924626 |
| Education, Experience, Training: | Sarah is the owner of Anchored Denver, which provides therapeutic services to individuals, couples and families. Areas of expertise and interest include: infertility, perinatal mood and anxiety disorders (PMAD), perinatal bereavement support and social-emotional development in infancy and early childhood. She has completed the DC: 0-5 Training for Infant and Early Childhood Mental Health (2019) and is a certified perinatal mental health specialist (PMH-C) through Postpartum Support International. In 2020, Sarah completed a post-graduate fellowship (The Harris Program) at CU’s Department of Psychiatry for Infant and Early Childhood Mental Health.  |
| Business Address: | 16 Lakeside Lane Lakeside, Colorado 80212 |
| Business Phone: | 720-515-9540 |

**MANDATORY DISCLOSURE STATEMENT**

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. Questions and complaints may be addressed to:

**Colorado State Department of Regulatory Agencies**

**Division of Professions and Occupations**

**1560 Broadway, Room 1350**

**Denver, Colorado 80202**

**303-894-7800**

You are entitled to obtain name, business address, business phone number, and a listing of any degrees, credentials, certification, registrations, and licenses held or obtained, including education, experience and training for providers. Please contact me if you have any questions or need additional information in this regard.

**These are the regulatory requirements applicable to mental health professionals.** • A Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master’s degree in their profession and have two years of post-masters supervision.
• A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
• A Licensed Social Worker must hold a master’s degree 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 1,000 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 bachelor’s degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience.
• A Licensed Addiction Counselor must have a clinical master’s degree and meet the CAC III requirements.
• 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.

**I provide services in accordance with the following guidelines:**• You are entitled to receive information about the methods, the techniques used, the duration of individual or group sessions and the fee structure.
• You may seek a second opinion from another provider or may withdraw from therapy at any time.
• 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.
• The information provided by you during individual or group sessions is legally confidential except as required by law.
• If you participate in group therapy, it is necessary for you to agree to protect and respect the privacy of other group members. You need to agree not to share 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.

**Treatment Agreement:** I agree to services from Sarah Rasche, LCSW.

**Confidentiality:** I understand that my records will be held in confidence according to Notice of Privacy Rights provided and as defined by the Division of Behavioral Health pursuant to Colorado Revised Statutes (CRS 27-10-101 et.seq. & Standard CF.1 et.seq.) and the Division of Alcohol and Drug Abuse pursuant to code of Federal Regulations (42 C.F.R. Part 2). There are exceptions to the rule of confidentiality that can be explained and will be identified to you should any such situations arise during individual and group sessions. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, suicide, grave disability; medical emergencies; under a court order; or in response to any legal action taken by you against Sarah Rasche, LCSW or her business.

**As a client, you have the following rights:** • You have the right to revoke this consent at any time.
• To receive services only if you or your legal guardian gives permission in writing.
• To complain about services at any time without retaliation.
• To be treated with respect and recognition of your need for dignity.
• To receive services based on your individual needs, in a setting which supports your individual freedoms.
• To actively participate in individual and group sessions.
• To confidentiality, and to expect that none of the information within individual or group participation will be given to anyone without your permission except as required by law.
• To refuse services unless you are court ordered to receive services and to be informed of the consequence of your refusal.
• To have your family members involved in your care, at your request.
• To inspect your records, or have them shown to anyone designated by you in writing. If you are denied access to records, to know why and how to appeal.
• To receive written information about the clinician’s services and therapeutic guidelines.
• To not be discriminated against due to race or ethnicity, sex, age, disability, sexual orientation, genetic information or source of payment.
• To be informed of the rights in a way you understand.

**I have been informed of my provider's degrees, credentials, certifications, registrations, and licenses, as well as the education, experience, and training required for other types of mental health treatment providers. I hereby acknowledge I have read and received a copy of the information on both sides of this page. This information has also been provided to me verbally and I had any questions I had have been answered.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Client Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Signature Date