Kristen Cheesman, MA, LMFT, CFI

Child Client Name		Date of Birth
Mother's Name		
Home Phone	Work Phone	Cell Phone
Email Address		
Street Address		
Father's Name		
Home Phone	Work Phone	Cell Phone
Email Address		
Street Address		
Child's Current School	Grade	Teacher
Presenting Problem		
When did problem start?	How long has problem persisted?	
Previous Therapy? When? With Whom?		
Primary Care Physician	Psychiatrist	Other Doctor
Current Illnesses	Current Medications	
Referred By		

Family Members (Siblings, Others in Household)			
Name	Age	Relationship	Occupation/Grade

1369 Forest Park Circle, Suite 203, Lafayette, CO 80026 303-717-7630

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INSURANCE BILLING AND PAYMENT		
Policy Holder Name	Policy Holder DOB	
Insurance CO Name	Insurance ID#	Insurance GROUP#
Policy Holder Employer		

PAYMENT POLICY

I ask that you make full payment at the time of service unless you have made a prior arrangement with me, or have provided a copy of your insurance card to me.

If you have health insurance that will pay a portion of my fee, I ask that you make your co-payment at the time of each visit. Health insurance is a contact between you and your insurance company and you are still responsible for any services that are rendered on your behalf.

I realize that many families are in a state of change. Divorced, separated, single parent and blended families are common. **It is my policy that the parent who requests treatment for the child is responsible for all fees incurred.**

Collection procedures will be initiated when payments are past due. The responsible individual agrees to pay all collection fees, including attorney's fees, court costs and other expenses incurred in the collection of delinquent accounts.

FEE SCHEDULE FOR SERVICES	
Psychotherapy Appointment 50 minutes	$110.00
1st Missed Appointment (Insurance companies will not cover any portion of a missed appointment.)	$50.00
Additional Missed Appointments	$110.00

Other Services

Services over 15 minutes are billed to you at a rate of $110/hour. These services include:

- Telephone consultation with you or others.
- Review of records.
- Writing of reports and/or letters to others (written at your request).
- Court related services including travel and preparation time. 50% of anticipated fees for these services must be paid one week in advance.

By signing below, the undersigned certifies that (s)he has read and understands payment policies and is financially responsible for services rendered by Kristen Cheesman, LMFT, CFI.

Signature:_____ **Date:**_____

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Mandatory Disclosure Statement
(required by C.R.S. 12-43-214)

DEGREES:
Master of Arts in Marital & Family Therapy and Clinical Art Therapy
Loyola Marymount University, Los Angeles, CA

Bachelor of Fine Arts
Cornell University, Ithaca, NY

LICENSES:
Licensed Marriage & Family Therapist, Colorado #330

The practice of licensed registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division or Registrations. The Board of Marriage and Family Examines can be reached a t 1560 Broadway, Suite 1350, Denver, CO 80202, 303-894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage & Family Therapist, and a Licensed Professional Counselor must hold a masters degree in the profession and have two years of post-masters supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapy 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 2000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2000 hours of supervised experience. A Licensed Addition Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board or Registered Psychotherapists, is NOT licensed or certified, and no degree, training or experience is required.

You are entitled to receive information from me about my methods of assessment and therapy, the techniques I use, my fee structure, and the duration of your therapy if I can determine it. You can seek a second opinion from another therapist or terminate 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.

Generally speaking, the information provided by the client during therapy sessions is legally confidential, and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are provided in section C.R.S. 12-43-218 and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

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

Client or legal guardian signature:_____

Date:_____

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY RIGHTS

Name of Client: _____

I hereby acknowledge that I have either (check one)

received a copy of the provider's Notice of Privacy Rights, or

requested not to take a copy because I have other copies from other providers and can and will request a copy if at any point I want one.

Signature _____ Date_____

If not the client, please print your name and indicate your relationship to the client

_____

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