



For The Curiously Lost

Welcome to my counseling and psychotherapy practice. My name is Tim and I am a therapist for the curiously lost. I am a therapist, and I bring the human side to our session. I enjoy the outdoor adventures and hikes, will jokingly make the occasional movie/song reference, and curse when I am passionate about a topic.

I work based on the idea that everyone wants to grow and flourish. I have a lot of experience in evidence-based treatments, but take a holistic approach to what research has to offer. Our work together will track the parts that have grown and weathered through the many storms and harsh environments you have lived through. These "parts" often express themselves through our thoughts, feelings, and behaviors, and have the best intentions. I won't bore you with the specifics (but I secretly enjoy it and love geeking out) and will be more than happy to answer specifically what my therapeutic approaches are in our work together when we meet.

Following is (a lot of) information about my policies and procedures, and your rights as a client. They are based on New Jersey and Colorado Laws and Statutes for Social Workers. For the following "I" or "We" refers to the therapist you are assigned to and Propagate Hope LLC, and "You" is the, well, you the client.

INFORMED CONSENT

I apologize for the length of paperwork. This is the work of two states' worth of consents and policies all blended together. I don't like lengthy paperwork either. This information, however, is important for you to know as an informed consumer. It is yours to keep, review, and ask me questions about at any time.

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1. As an Licensed Clinical Social Worker (LCSW) in New Jersey and in Colorado, I am regulated by both state's boards when I provide services to that state's resident while they are located in it and/or providing services to a client while I am located in it. A Licensed Clinical Social Worker must hold a master's or doctorate degree from a graduate school of social work, practiced as a social worker for at least two years, and pass an examination of social work.
2. I did all of these in New Jersey, and applied to Colorado for Licensure by Endorsement. I graduated from Rutgers University in 2018 with my Masters in Social Work and a Certificate in Aging and Health, and worked for two years in the mental health field satisfying New Jersey's Requirements for an LCSW of 3000 hours of social work, 1920 being "clinical" hours, and 960 of those 1920 hours as "psychotherapy". I did this work with two supervisors concurrently for two years. During my this time, I passed the Association of Social Work Boards (ASWB) Clinical Examination.
3. Having a license in both of these wonderful states means having two different regulatory boards. In Colorado, The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of [list the name of the Colorado board regulating your profssion] can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. For New Jersey, Its the Division of Consumer Affairs, Board of Social Work Examiners: PO BOx 45033, Newark New Jersey 07101, (973)-504-6495

informed consent cont.

4. You are entitled to receive information on how I preform my services. This includes techniques I use during sessions, the length of time a typical session and long term treatment is, as well as my fee structure. I do not take insurance at this time and am consider 'out of network', meaning services will be paid by you at the time of our session.
5. You can totally get a second opinion from another therapist, counselor, psychotherapist, psychologist, or whomever can legally provide the same services I do. It is actually highly recommended to make talk to two or three therapist for consultations before you commit to a therapist, to be sure you are getting the best care you deserve, and the best therapist for you. You can also stop working with me (or any other therapist) at any time, with only the minimal questions asked to ensure your safety.
6. Our relationship will be strictly professionally based. Ethically, once we start working together it is important to avoid what we call "dual relationships" that may jeopardize our work together. There are many different examples of this. Most importantly, however, is that sexual intimacy is never (NEVER EVER) okay between a therapist and a client and violates that ethical boundary. Any violation of this ethical boundary should be reported to the state board(s).
7. Our work is confidential, meaning its a secret. There are a few reasons why I would need to tell someone about our work together without your consent, based on Colorado Statutes 12-245-220 and NJ Statutes 13:44G-12.3. That's detailed in a another policy below.
8. You can check out the status of my license on both Colorado and New Jersey's regulatory websites. www.colorado.gov "license lookup" and www.njconsumeraffairs.gov "verify a license".

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PRIVACY AND CONFIDENTIALITY

Informed Consent

It is important to understand what confidentiality entails and what the exceptions of confidentiality are. Generally, any information provided by you, the client, during therapy sessions is legally confidential. It cannot be released without written consent from the client (you) or responsible party (your parent or legal guardian) stating that it is okay for the therapist to provide a third party with specific information surrounding your treatment. Most people chose other healthcare and psychiatric providers, as well as family members they want to be involved in treatment. You can pick anyone or no one. Sometimes I may recommend we share something, but that's all it is without your expressed consent.

Limitations to Confidentiality

I am committed to protecting your privacy. However, It is important that you understand there may be instances in which I am legally required to violate your confidentiality, including contacting your emergency contact. These are known as the limits of confidentiality and generally are as follows:

- If I believe that you are likely to harm yourself and/or another person, I am required by law to notify the authorities and/or parent/legal guardian/emergency contact.
- If the life or wellbeing of a minor, elderly person, or person with a disability is in danger, I am required to notify the authorities and/or parent/legal guardian.
- If your records are requested by a valid subpoena or court order, I must respond.

Financial Confidentiality Limitations

If you are using insurance or another third-party payer, our office must share certain information with them, including (but not necessarily limited to) your diagnosis and the times of your visits in order to receive payment. You should also understand that insurance information is often stored in national computer databases. This is part of the reason why we don't take insurance at this time; to ensure your privacy to the highest ability that we can.

If for some reason you accumulate a balance with us and are unable to pay, we have the right to provide your demographic information (name, phone number, address) to have those collected through a collections agency. We definitely don't want this. If payment is, ever becomes, or are afraid of it becoming an issue, please talk to your therapist about this.

COMMUNICATIONS

Email and Phone

I will work to have all my documentation go through the electronic health record, to ensure your privacy. The easiest way to contact me outside of the session is by emailing me at tim@propagatehopecounseling.com. If you need to speak more urgently, you can call the practice number at 862-200-9918 extension 37 during business hours. I'd don't text using this phone number.

If you reach out and I can't speak with you at that time, please leave a detailed message including your name, the best time to contact you, and the reason for the message. I will return your message or call within 24hrs. This will be longer on the weekends or days I am on vacation, and should not be used in times of crisis.

In case of a mental health emergency, you should call your local crisis hotline, go to the nearest emergency room, or call 911.

Lastly, while I am always open to receiving emails and will read what you write, I may not send a detailed response. Please do not interpret that as a lack of interest; it is just not feasible for me to provide therapeutic services via email. We can discuss in more detail what you've written in our next therapy session. Note that emails and messages are reserved for scheduling and other administrative issues, not for clinical issues.

Social Media Policy

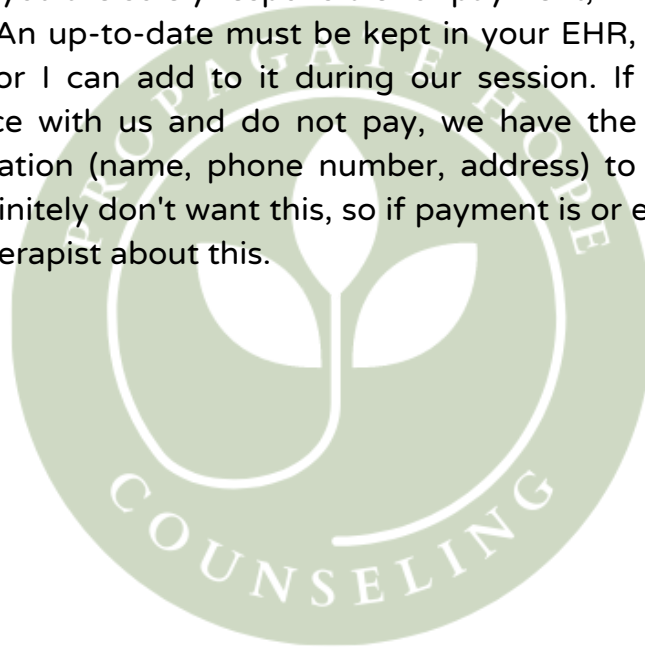
I have social media, like most other people, and operate them for personal and/or professional reasons. I will never send or accept friend requests, follows, or interact with my clients intentionally on any of my personal accounts. I will also never reveal that you are a client on my professional or personal accounts, or share the contents of our sessions through my professional social media. Any contact through social media is not therapeutic nor a replacement for the above ways to contact me. This is done to ensure and protect our relationship as client/therapist.

PAYMENT POLICY

The cost of an individual therapy session is \$180 dollars for a regularly scheduled 60-minute therapy session. I do not have a pro-rated 45-minute session option.

I am considered out of network with insurance companies, which means that I do not accept your insurance for reimbursement. You are allowed to submit what's called a "superbill" to the insurance company if you have out-of-network benefits. This bill will list your demographic information, services provided, and the diagnosis. If you would like one I would be more than happy to provide them for you.

You understand that you are solely responsible for payment, which is kindly due at the time of the session. An up-to-date must be kept in your EHR, which you can access through your EHR, or I can add to it during our session. If for some reason you accumulate a balance with us and do not pay, we have the right to provide your demographic information (name, phone number, address) to have those collected. We seriously and definitely don't want this, so if payment is or ever becomes an issue, please talk to your therapist about this.



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CONSISTENCY POLICY

This is typically referred to as a "cancellation policy", but I've implemented it in such a way that ensures consistent attendance on both our parts. If you were to cancel a session within 14 days of your appointment or fail to show up for my scheduled appointment without notice ("no-show"), excluding emergency situations and inclement weather, you will be charged for the full amount of your session. In situations involving inclement weather, I will contact you least 2 hours prior to your scheduled session to confirm cancellation with no charge or additional fee.

You are able to reschedule ("make up") in lieu of cancelling appointments within the 14-day period, but no later than 10 days of the originally scheduled appointment, if our schedules align. I will make every effort to find a time for you. In order to reschedule your session, you must give 24-hours notice, otherwise you are responsible for your fee and I cannot reschedule the cancelled appointment. A session may not be moved outside rescheduled outside of the 14 day window, and then cancelled. You are allotted one "free" cancellation per year

I don't like holding people to expectations that I wouldn't hold to myself and recognize that there are emergency situations that would warrant an exception to this policy and are taken on a case-by-case basis.

It is also reasonable that if I cancel on you within 14 days of the appointment, you will receive a credit for the service that would have been provided, to be used at your next session(s). I also get one "free" cancellation within the calendar year.

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TELEHEALTH POLICY

You hereby consent to participate in telemental health with me, your therapist working with Propagate Hope Counseling LLC, as part of your psychotherapy. You understand that telemental health is the practice of delivering clinical health care services via technology-assisted media or other electronic means between a practitioner and a client who are located in two different locations. This will be done synchronously (in real time). I understand the following with respect to telemental health:

- You must be at the location you have provided to the therapist as my primary address or will otherwise notify the therapist at the beginning of the session. You also understand that you must be located in a state that your therapist is licensed in. I will never knowingly provide services to a patient in a location that I am not licensed in.
- You understand that you have the right to withdraw consent at any time without effecting your right to future care, services, or program benefits to which you would otherwise be entitled.
- You understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- You understand that there will be no recording of any of the online sessions by either party, without the written express consent of all parties involved. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- You understand that the privacy laws that protect the confidentiality of your protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies as noted in the confidentiality policies.

Telehealth Policy Cont...

- You understand that if you are having suicidal or homicidal thoughts, actively experiencing psychotic symptoms, or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health services are not appropriate and a higher level of care is required.
- You understand that during a telemental health session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at my business phone number to discuss since we may have to re-schedule
- You understand that I, your therapist, may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

Emergency Policy

I need to know your location for every session in case of an emergency, and it is ethically and legally. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person whom I may contact on your behalf if I believe you are a risk of harm to yourself, others, or property. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

ACCESS TO YOUR EHR

You have the right to have knowledge and access to the clinical documentation that is being recorded about your sessions. We do our best to practice "collaborative documentation", a practice where the client and the therapist review the session that has just been provided both as a summary and for the purposes of documentation. If are ever curious about what we are writing, we will provide you with the documentation and be available to explain the documentation, diagnosis, and any other questions you may have about our documentation. Just email your therapist, or our "contact us" page with what you would like so a written request is created.

Your notes are legally required to be maintained for 7 years after your last entry (our last session). They may be discarded in a HIPAA compliant manner after that. If you would like your records prior to then, please reach out and let me know.