

Collaborative Journeys, PC
5800 W 38th AVE, STE 9 • Wheat Ridge, CO 80212 • 720.560.1450

Disclosure Statement

Service Provider:

Dianna Ducote-Sabey, PhD
Licensed Clinical Psychologist

Education/Degrees:

Doctor of Philosophy - Counseling Psychology
Oklahoma State University, 1999

Master of Education - Community Counseling
University of Oklahoma, 1990

Bachelor of Arts - Psychology
University of Oklahoma, 1988

Licensing:

Licensed Clinical Psychologist
Colorado License Number: 2626

Department of Regulatory Agencies:

Please be informed that I provide services in accordance with the following guidelines:
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. Their contact information is provided below:

**Department of Regulatory Agencies
State Board of Psychologist Examiners
1560 Broadway, Suite 1350
Denver, CO 80202
303.894.7766**

Emergencies Between Sessions

If you experience a crisis outside of your regular appointment time and you are very concerned about harming yourself or others, call Dr. Ducote-Sabey at 720-560-1450. You can expect to receive a call back within 15 minutes. You can also call 911 or if you can go to the nearest emergency room for help.

If you think you are in danger of physical harm by someone else, call 911 for immediate assistance.

Record Keeping

A clinical chart is maintained describing your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Limits of Confidentiality section above. Medical records are locked and kept on site.

Consent for Treatment

I voluntarily consent to mental health and/or consultative services with Dianna Ducote-Sabey, PhD. the owner of Collaborative Journeys, PC.

Financial Agreement

Standard Service Fees:

Please review the rates for the following services. The rates listed below are based on a 50-minute clinical hour.

- Individual Adults: \$130
- Individual Children/Adolescents: \$130
- Couples and Families: \$150
- Phone Consults: \$130
- Emergency or After-Hours Consultations: \$200
- My fee for longer/shorter sessions is pro-rated from the basic charge.
- Telephone calls: If you need to speak to me between your regularly scheduled sessions, please call me and I will return your call within the next 24 hours. I do not charge for brief (10 min) conversations. However, any discussion that goes beyond ten minutes will be billed to you on a prorated basis as a phone consultation according if the time of the call is within or after business hours.

Psychological Assessments:

Please review the rates for the following services:

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|---|-----------------------|
| • Learning disability assessment battery | \$1,380.00/assessment |
| • Attention Deficit Hyperactive Disorder assessment battery | \$1,140.00/assessment |
| • Personality assessment battery | \$1,320.00/assessment |

If a report, letter or consultation with an outside party is requested, I understand I will be billed for any time needed to prepare documentation, or to conduct an in-person or phone consultation. My therapist's standard service fee (detailed above) will apply.

Forms of Payment & Payment Policies:

This practice accepts the following forms of payment: Visa, MasterCard, Discover and American Express. Please be aware that all transactions will appear as Therapy Partner, Office Ally or Collaborative Journeys on your bank or credit card statement. Therapy Partner and Office Ally are the practice management systems this practice utilizes to process payment. Clients will be responsible for payment at the time services are rendered.

Cancellation Policy:

In the event you need to cancel an appointment, please provide notice to your therapist within 24 hours of your scheduled appointment time. **If sufficient notice of a cancellation is not provided, or no notice is given at all, your therapist's standard service fee (\$130 individuals and \$150 couples and families) for that session. If you have 3 or more late cancellations or no notice cancellations, you will no longer be eligible for services here.** There are many people who are in need of services and late cancellations and no notice cancellations result in others not being seen during those times too. **We will provide you with referrals for services elsewhere.**

Insurance:

This practice bills through the following insurance/medical plans: DU Student Health Insurance Plan (DU SHIP), Anthem Blue Cross Blue Shield, Colorado Access, Foothills Behavioral Health, Behavioral Health Inc. and Colorado CHP+; for all other plans insurance-ready statements will be emailed to you at the end of each month detailing any direct payments you have made to the practice. These statements can be used to initiate the reimbursement process privately through your insurance company if you choose.

Covered Insurance/Medical Plan Members Only:

You are responsible for any co-pays, deductibles or other charges that your policy does not cover, which are due at the time of each visit. The charges covered by your insurance company for each visit will be handled by this practice for you. If for any reason you become ineligible for your insurance plan you will be responsible for the total cost of each visit beginning the date that you lose coverage. **By signing this document, you are authorizing payment of medical benefits to the undersigned provider for the remainder of services not**

covered by your portion of the payment. You are also authorizing the release of any medical or other information necessary to process this claim.

Policy for Non-Payment:

In the event billing efforts fail, delinquent accounts may be subject to collections. This therapist will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

Additional Information:

There are also other treatment providers in the office who rent space. You should be aware that other than renting office space, there is no other relationship between Dr. Ducote-Sabey (Collaborative Journeys, PC) and the other treatment providers. They have their own separate practices; they are not in a partnership; and we have no responsibility for each other's practice.

Required Signatures:

I understand and agree to the preceding Disclosure Statement, Consent for Treatment, Financial Agreement and the Additional Information provided directly above.

Signature of Client or Legal Guardian

Date

Witness

Date