



Mountain DBT pllc

Personal Information Form

Client Name

Address

Date of Birth

Cell Phone

Is it ok to contact you/leave an identifying message at this number? Y N

Other Contact Number (work and/or home)

Is it ok to contact you/leave an identifying message at this number? Y N

Email Address:

Emergency Contact (name)

Emergency Contact (number)

Relationship

May I leave a message identifying myself as your therapist? Y N

Client (parent/legal guardian) Signature

Typing your name above will stand in for the signature.



Mountain DBT pllc

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions and your clinician will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free from distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify your clinician in advance by phone or email.
- The same rules apply for individual and group therapy cancellations that apply for in-person cancellations (we are happy to review these with you).
- We need a back-up plan (e.g. phone number where you can be reached) to restart the session or to reschedule it (in the event of technical problems).
- We need a safety plan that includes at least one emergency contact and the closest ER to your location (in the event of a crisis situation).
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- Should you submit receipts for reimbursement, please confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your psychotherapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Client or Responsible Party's Signature

Typing your name above will stand in for the signature.

Date

Print Client's Name

Clinician's Signature

Date



Mountain DBT pllc

Disclosure Statement

Jill Rubinstein Ed.D., CAC

32505 County Road 35

PO BOX 722389

Steamboat Springs, CO 80477

917-692-2965

University of Colorado, Denver, Doctor of Education (Ed.D.) 2013
Colorado College, Master of Arts, Teaching, 2006
Colgate University, Bachelor of Arts, Philosophy and Religion 2001
Unlicensed Psychotherapist NLC.011109
Certified Addiction Technician ACA.0008214
National Provider ID 1710620075

The Colorado Division of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, certified school psychologists, and unlicensed individuals who practice psychotherapy.

The Agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board: 1560 Broadway, Suite 1340, Denver, CO 80202; 303-894-7766. Alcohol and Drug Abuse Counselors are regulated by the Colorado Department of Health: Director, Alcohol and Drug Abuse Division, Colorado Department of Health, 4210 East 11th Avenue, Denver, CO 80220; 303-331-8201*.

*As to 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 masters 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 masters 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 bachelors 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 masters degree and meet the CAC III requirements. A registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

Client Rights and Important Information:

1. You are entitled to receive information from me about my methods of therapy, the techniques I use, the potential duration of your therapy and Mountain DBT's fee structure. Please let me know if you would like to receive this information. You may seek a second opinion from another therapist or terminate therapy at any time.

2. 48-hour advanced notice is required for intake and/or individual therapy cancellations. If advanced notice is not provided, clients will be charged for the missed session. Emergency situations (i.e. sudden illness, serious weather, death in family) are exceptions to this rule and will be evaluated on a case-by-case basis.

3. Group clients are responsible for paying a monthly fee to secure their group spot; this fee will not be impacted by cancellations/missed sessions.

4. Payment for services is collected upfront on a per session basis. Should you accrue a balance that is outstanding and are unwilling to pay it in a timely manner (within a two month period), you will be sent two warning letters (one month apart). If the balance remains unpaid, we will then notify a collection agency (by signing below you are giving permission for us to attempt to collect outstanding balances through collections).

4. Mountaint DBT is a self-pay practice (we do not bill insurance for you); thus, you are voluntarily choosing to work with an out-of-network provider. This means that you will be responsible for payment of all fees and are intentionally receiving services from an out-of network provider. Unless you arrange something else with us, we expect your fee for service at the time of service (fees for group are collected at the beginning of each month). You are welcome to submit receipts for reimbursement to your insurance provider. Reimbursement checks are generally sent by the insurance company directly to you. Please notify us if you are arranging something else with your insurance company. Beginning January 1, 2020, Colorado state law protects people with "CO-DOI" on their health insurance ID cards from "surprise billing," also known as "balance billing." This law does NOT apply to ALL Colorado health plans. It only applies if you have a "CO-DOI" on your health insurance ID card. These protections apply when: you receive

covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or you unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado. If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan's provider network, sometimes referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called "surprise" or "balance" billing.

If you are receiving emergency services, the most you can be billed for is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care. The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out-of-network provider. You have the right to request that in-network providers perform all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance. These providers cannot balance bill you for additional costs.

There are additional protections with the passage of this bill, including: your insurer paying out-of-network providers and facilities directly, your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit, your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.

No one, including a provider, hospital, or insurer can ask you to limit or give up these rights. If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed. If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: https://www.colorado.gov/pacific/dora/DPO_File_Complaint. If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745. Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

6. In a professional relationship such as ours, sexual intimacy is never appropriate. If sexual intimacy ever occurs, it should be reported to the State Grievance Board.

7. Any person who alleges that a mental health 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 this. Pursuant to law, this practice will 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.

8. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. This means that I cannot be forced to disclose the information without the client's consent.

There are, however, exceptions to the general rule of legal confidentiality. They are: if I suspect or have knowledge of the physical/sexual abuse of a child, if I believe we must take action to prevent harm to you or to others, if I must defend myself in a lawsuit, if collection proceedings are necessary, if required for insurance reimbursement, or if ordered by a court of law. You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. There may be other exceptions that we will identify to you should a situation arise during treatment.

9. By signing below, you are authorizing your Mountain DBT provider to release information during the course of your time in therapy to other members of our Mountain DBT team. Specifically, this means that information can be shared with other team members in order to support your treatment and when processing billing. When consulting with other clinicians, we do not give identifying information. If you have concerns about, would like any clarification and/or if there is any reason that this could be a conflict of interest, please notify me.

If you have questions or would like additional information, please feel free to ask.

Emergency/Crisis Services:

For all life-threatening emergencies, please call 911. We do not provide 24-hour emergency services but are generally able to get clients scheduled for an additional session should they have an urgent matter that they prefer to address before their next appointment. Please speak with me about my availability and policy regarding crisis situations and crisis calls.

By signing, I acknowledge that I have read the preceding information and understand my rights as a client or as the client's responsible party:

Client or Parent/Guardian Signature

Typing your name above will stand in for the signature.

Date

Clinician Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:



Mountain DBT pllc

Consent to Release of Information

I hereby authorize my provider at Mountain DBT to release and obtain information during the course of treatment to the following:

Name

Telephone

Relationship

I agree that the medical information obtained pursuant to this authorization may be utilized for the purpose of processing claims for payment, explaining billing statements and services provided, aiding in continuing care and treatment, and facilitating understanding and support in recovery. This authorization shall become effective immediately and shall remain effective until the date upon which the patient shall no longer receives services from Mountain DBT pllc. Patient/guardian has the right to revoke this consent at any time, providing no action has been taken in reliance upon this form.

Client Name, Printed

Client (Parent/Guardian) Signature

Typing your name above will stand in for the signature.

Date

Clinician Name, Printed

Clinician Signature

Date

Jill Rubinstein Ed.D., CAC
32505 County Road 35
PO BOX 772389
Steamboat Springs, CO 80477
917-692-2965
jill@mountainDBT.com
Certified Addiction Technician ACA.0008214

Mountain DBT
Experience Change with Mountain DBT



Electronic Payment Authorization Form

In an effort to better serve my clients and simplify your billing experience, I offer electronic payment options, enabling you to pay for sessions with credit card, debit card, Health Savings accounts and Flexible Spending accounts.

Your information is secure. No one, including myself will ever see or have access to your account information. All sensitive, confidential information is managed and seen by you only.

By signing this form, you consent to Mountain DBT's use of Ivy Pay to process your credit, debit, FSA or HSA card. Ivy Pay is designed specifically for psychotherapists and their clients, and is fully HIPAA secure. Charges will appear as Ivy transactions. You will receive a text message to the cell phone number provided requesting you set up your Ivy Pay account.

Ivy Pay was designed to uniquely support the therapeutic relationship. Among the ways that small business can accept credit cards, Ivy Pay is the only way to protect patient privacy under HIPAA, and hold the therapeutic relationship in confidence.

There is no surcharge for paying electronically. Transaction fees are not passed on to you as the client.

48-hour advanced notice is required for intake and/or individual therapy cancellations.

If advanced notice is not provided, clients will be charged for the missed session.

Emergency situations (i.e. sudden illness, serious weather, death in family) are exceptions to this rule and will be evaluated on a case-by-case basis.

Group clients are responsible for paying a monthly fee to secure their group spot; this fee will not be impacted by cancellations/missed sessions.

I, _____, authorize Jill Rubinstein and Mountain DBT pllc to charge my credit card, debit, Flexible Spending or Health Savings account via Ivy Pay in the amount of my agreed upon session fee. I will not dispute charges ("charge back") for sessions I have received or appointments I have missed according to the above policy.

By signing below I am authorizing Jill Rubinstein and Mountain DBT pllc to charge for sessions, either attended or missed as detailed above.

Signature: _____ Date: _____

Cell phone number _____
(please set up your Ivy Pay account upon receiving the text):



Adolescent/Adult Group Rules

Welcome to DBT Group! In entering this group, you are making a commitment to both better yourself and to support the growth of your fellow group members. We believe it is important to clearly communicate the expectations for the group as well as the rules. Please thoroughly read the following guidelines and ask your group facilitator any clarifying questions prior to signing this form.

In signing up for the Adolescent/Adult Dialectical Behavior Group with Balanced Wellness, I am agreeing to abide by the following group rules:

1. **Minimizing cross-talk.** This means that, when speaking in group, you will talk to the entire group and not have side conversations with just one or two group members. This rule also asks that you take turns when sharing in the group, allowing other members' voices to be heard, and make every effort to listen mindfully to what other members share in the group.
2. **Attendance.** It is important to attend group consistently and on time. If you are not able to attend a group, please text, call or email the group leader to let them know before group. They will be in touch after group to update you on what you missed and give you the homework. If you miss three groups in a row, we require an individual check-in with your group leader before returning to group. Likewise, if you miss more than one group per month for several months, you may be asked to meet with your group leader to ensure your commitment to group.
3. **Completing your homework.** Homework for the group will be assigned each week; we review and check homework at the beginning of each group session. Homework is intended to be a useful way to put the skills into practice and the amount is generally minimal. For this reason, it is our expectation that group participants keep up with their weekly assignments and arrive each week with their homework completed.
4. **Bringing the healthiest version of yourself to group.** This is a space to practice being the best version of yourself. Ideally, this means being honest, open and supporting others. This also means not swearing, not talking about drug or alcohol use and not gossiping. You will be encouraged to discuss areas in which you are struggling outside of group; however, if you share about these issues, we ask that you be willing to accept help and support from the group.
5. **Maintaining privacy/confidentiality.** Each group member is expected to keep the information shared in group private. Gossiping about members outside of group is not acceptable or tolerated. We do whatever possible to create a culture of safety where members can feel comfortable sharing with each other and receiving support around issues that they might not otherwise discuss.

6. Friendships. Although building friendships is not the primary focus of DBT, it is often a natural development as you progress in group. It is okay to communicate with each other outside of the group as long as it is in a healthy and supportive manner (i.e. no substance use, destructive behaviors, etc.). Group members should not reach out to each other for support in a crisis and should instead reach out to their professional support system (i.e. individual therapist, etc.). Should a group member ever reach out to you in a way that feels overwhelming please direct them back to their individual therapist. While it is your responsibility to support members in the group environment, it is not your responsibility to take on their struggles. Please also notify your group leader/leaders if a member reaches out to you in a way that is overwhelming.
7. No romantic relationships. Although friendships are acceptable, current group members may not be in a romantic relationship with each other. If a romantic relationship develops, one or both members will be asked to leave the group.
8. Food: You may bring in your own snack; please do not bring anything containing nuts (due to allergies). If you do have a snack, be sure to clean up after yourself at the end of group.
9. Etiquette for virtual groups. We expect that all members will have their cameras on at all times unless given permission to turn their cameras off. To get the most out of your virtual group experience, please review the telehealth guidelines on our website.
10. Individual Therapy. All group members are required to have an individual therapist while they are in group. This creates a comprehensive support system and compliments the skills and group process that the adolescents get from our groups. It is the responsibility of each group member to work with their individual therapist to make a plan in case a crisis situation arises. Balanced Wellness group therapists do not take crisis calls from group clients and will instead direct them back to their individual therapist.

Client Signature

Typing your name above will stand in for the signature.

Parent/Guardian Signature Date

Typing your name above will stand in for the signature.

Clinician Signature

Remote Session Guidelines

A remote session is not the same as what happens when meeting in person. At the same time, it is also different from the typical phone or Zoom call. Listed below are some guidelines for how to get the most from remote sessions. Each guideline is a way to try to make a remote session as “session-like” as possible.

1. The most important feature is to have privacy. Please do everything possible to ensure that you are in a private space where it is unlikely you will be heard or interrupted. It is important to do whatever possible to meet in the same environment each session.
2. Try to make yourself comfortable, but not too comfortable. If you can, settle into a nice, comfortable chair. Avoid lying in bed or on your TV-watching couch, as well as sitting on the floor or walking around the house or office.
3. Put a box of tissues next to where you are sitting. If you want, pour yourself a glass of water. But don't have a snack or meal even though you may be reasonably close to your kitchen.
4. Leave yourself an additional 15-minutes both before and after the session. 15- minutes before the session, take a walk outside (even if it is just down the block or around the corner). If walking is not an option, sit reflectively, stretch and/or journal. It is not a good idea to log off a virtual social/work engagement or end a phone call and then immediately start our session. You need time to clear your head and get ready for the work we are about to do. Similarly, after the session is over, take the same walk in the opposite direction or allow yourself similar time to sit and reflect. This will allow space for the session to resonate before jumping back into the day's activities. Plus, there is evidence that simply walking to and from a place can help with memory and deepening an experience.
5. Turn off all devices other than the one you are using for our session. If using a smartphone or computer, do your best to quit from all programs other than the one we are using and turn off all notifications if you can (i.e. silence incoming texts). Closing all open windows on your computer could also help Zoom connectivity. If we are doing a phone session, it is best to leave your hands free by using headphones or speaker phone.
6. Please approach your telehealth session as though we were meeting in person. In doing so, refrain from any behaviors that you would forgo if we were meeting in person (i.e. smoking, vaping, driving, eating, etc.).
7. If we are meeting by Zoom, you might want to experiment with hiding your image. This might help decrease self-consciousness and create an environment that will be more like meeting in person.
8. If we are meeting by phone or Zoom and you find yourself curious about where I am, please feel free to ask.

We recognize that these guidelines make remote sessions a little less convenient. But the benefit will be more than worth the additional effort.