



A Therapist's Training and Experience

Dr. Stephen Ginsberg has a Doctorate in Clinical Psychology from the University of Denver (2011) and a B.A. in Psychology and Child Development from Tufts University (2007). He is a licensed clinical psychologist in the state of Colorado (license #3799) and has trained in numerous clinical settings. As an independent practitioner, Dr. Ginsberg is not legally or professionally affiliated with any other mental health professional.

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 1000 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 registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Professional Fees

Psychotherapy: Your fee per 50-minute session is \$200. This fee should be paid on the day of your session unless other billing arrangements have been made. Payments can be made by way of check, cash, or Zelle.

Assessment: Your fee for the complete evaluation is _____. One-half of the payment for an assessment is expected during the first phase of the evaluation and the remainder is due at the end of the evaluation.

Dr. Ginsberg will assist you in processing claims for your insurance by providing the necessary documentation. It is your responsibility, however, to pursue the claim itself. In addition to weekly appointments, Dr. Ginsberg charges this amount for other professional services you may need, though he will break down the hourly cost if he works for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of Dr. Ginsberg. If you become involved in legal proceedings that require Dr. Ginsberg's participation, you will be expected to pay for his professional time even if he is called to testify by another party. Because of the difficulty of legal involvement, Dr. Ginsberg charges a forensic fee for preparation and attendance at any legal proceeding.

Meetings

The first therapy session serves as a time for both you and Dr. Ginsberg to evaluate if this will be a good therapy “match.” If psychotherapy is begun, Dr. Ginsberg will usually schedule one 50-minute session per week at an agreed upon time. Some clients choose to attend meetings more or less frequently, depending on individual need. There is no charge for appointments cancelled 24 hours in advance of the scheduled time. Appointments cancelled less than 24 hours ahead of time are charged full fee, unless in case of an emergency. Testing appointments cancelled less than 24 hours ahead of time are charged full fee (\$200) for that session, in addition to total cost of testing.

Limits of Confidentiality

The information provided by you or your child during therapy is legally confidential except in the following situations:

- (a) If you threaten grave bodily harm or death to yourself or to another person;
- (b) there is reason to suspect that a child or elderly person is being abused, or has been abused, either by neglect, assault, battery, or sexual molestation;
- (c) in the case of a potential suicide in which there is imminent danger;
- (d) if a court of law issues a legitimate subpoena to provide specific information requested in the subpoena; and
- (e) if you request that information be released to another party and in this case, you must sign release of information documents.

Dr. Ginsberg may occasionally find it helpful to consult other professionals about a case. During a consultation, he always maintains the confidentiality of the client’s identity. Please note that cellular phone and e-mail communications are vulnerable to breaches of confidentiality due to their modes of information transmission. Please feel free to voice any and all questions or concerns that you might have, either in response to this form or at any time during the therapeutic process.

Communication

Dr. Ginsberg is often not immediately available by telephone. While often in the office, Dr. Ginsberg does not answer the phone when with a client. When Dr. Ginsberg is unavailable, his telephone is answered by voice mail that he monitors frequently. Dr. Ginsberg will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform Dr. Ginsberg of some times when you will be available. Please be informed that Dr. Ginsberg does not carry a pager and does not provide 24-hour services in case of an emergency. If you feel that you may require emergency contact and would prefer that contact to occur with a regular provider, you will want to reconsider working with a provider who is not able to be available at all times. If this is your choice, please let Dr. Ginsberg know and he will provide you with the names of therapists who provide 24- hour care. If you are unable to reach Dr. Ginsberg and feel that it is an emergency, you can call 9-1-1 or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

Client Rights/Information

You (the undersigned) give permission to receive therapy and/or assessment services. You understand that you will be treated with respect and dignity and that in a professional relationship such as this one, sexual intimacy between a client and therapist is never appropriate and should be reported immediately to the board that licenses, registers, or certifies the licensee, registrant or certificate holder. In therapy, you will receive services tailored to your individual needs and you have the right to receive information about the methods of therapy, techniques used, duration of therapy (if it can be determined), fee structure and to participate in the decision-making process regarding your treatment. You are aware that therapy is not based on an exact science, requires your active participation and that the type of treatment received will depend primarily on the nature of your concerns and needs. You understand that, as such, you cannot be given any guarantees about the results of testing and/or treatment services. You also understand that you have the right to seek a second opinion from another therapist and to stop this treatment at any time. You are aware that, during therapy, you may discuss unpleasant aspects of your life and thus, may experience periods of sadness, anger, guilt, anxiousness, loneliness, and frustration. This consent and these same rights apply for each member of the family that may be seen in a therapy session.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Surprise Billing – Know Your Rights

Beginning January 1, 2020, Colorado state law protects you* from “surprise billing,” also known as “balance billing.” 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

What is surprise/balance billing, and when does it happen?

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.

When you CANNOT be balance-billed:

Emergency Services

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.

Nonemergency Services at an In-Network or Out-of-Network Health Care Provider

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.

Additional Protections

- Your insurer will pay 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.



*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.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

With the fees set in your intake forms, there should be no or very few surprises as to the cost of services, unless there is some sort of emergency requiring Dr. Ginsberg to take action to prevent serious harm, such as suicide, homicide, or destruction of a public place. That said, it is often difficult to estimate the total cost of a course of treatment. The total cost depends on the severity of the therapeutic concerns, the type of therapy we agree to use, the frequency of visits, and how long you continue to schedule appointments. You do have a right to inquire about an estimate of the cost of any therapy services offered and Dr. Ginsberg will provide the best possible estimate. Here are a few examples: a relatively brief course of therapy would be six to eight sessions. That would cost a total of \$1080 to \$1600. Those six or eight sessions might happen weekly, every other week, or even once a month, depending on your needs. A moderate course of therapy (i.e. 20 sessions) would cost approximately \$4,000. The frequency of sessions will be determined jointly between you and Dr. Ginsberg. Some people remain in therapy for several years or move in and out of therapy on an as-needed basis. It is important to remember that mental health services provided by Dr. Ginsberg occur on a voluntary basis and thus, you have the right to stop treatment at any time or to request referrals to another provider if you wish.

Agreement

Your signature below indicates that you have read the preceding information, it has also been provided verbally, and you understand my rights as a client/patient. You also agree to abide by its terms during our professional relationship.

Client Printed Name and Signature (Parent or Legal Guardian if under 18 y/o) Date

Witness Printed Name and Signature Date

I have read and agree to Dr. Ginsberg’s cancellation policy _____ (Initial)

I hereby authorize Dr. Ginsberg to communicate with me via email for scheduling, clinical and billing reasons and understand that this mode of communication is vulnerable to breeches in confidentiality _____ (Initial)

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_____ (Initial)