

DISCLOSURE

In accordance with Colorado law, and except in emergency situations or where psychotherapy is being administered pursuant to a Court Order, every licensed psychotherapist shall provide the following information in writing to each client during the initial client contact.

RAYMOND H. TESKE, LCSW
4155 East Jewell Avenue, Suite 308
Denver, Colorado 80222
Phone: (303) 756-6110

DEGREES

M.S.W., University of Michigan, 1973
B.A., Northern Michigan University, 1969

LICENSES

Colorado No.980014

12.43.214 CRS: The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. Questions or complaints may be addressed to:

**Department of Regulatory Agencies
Mental Health Occupations Grievance Board
1560 Broadway, Suite 1340
Denver, Colorado 80202
(303) 894-7766**

12.43.214(1)(d) CRS: A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. A client may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Grievance Board.

12.43.214(1)(d) CRS: PRIVILEGED COMMUNICATIONS – The information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, including criminal and delinquency proceedings (13-90-107(1) C.R.S.), except as provided in section 12.43.218 CRS and except for certain legal exceptions, including suspected child abuse reporting, which will be identified by the licensee should any such situation arise during therapy.

NOTICE OF PRIVACY POLICIES

This Notice describes how your Protected Health Information (hereinafter referred to as “PHI”) may be used or disclosed. It also describes how you can access this information, and your rights concerning this information. The word “Provider” hereinafter refers to RAYMOND H. TESKE, LCSW.

Uses and Disclosures that require your consent and authorization:

With your permission, Provider may use or disclose your PHI:

- 1) To coordinate or manage your health care with other health care providers;
- 2) To determine eligibility and coverage, and to obtain payment from your insurance company, managed care company, or Employee Assistance Program (EAP).

Uses and Disclosures that do not require your consent or authorization:

Without your permission, Provider may use or disclose your PHI:

- 1) To report child abuse to the appropriate authority;
- 2) To report physical injury, other than by accidental means, inflicted upon a disabled or elderly adult to the appropriate authority;
- 3) To report neglect or exploitation of a disabled or elderly person to the appropriate authority;
- 4) To respond to a court-ordered mandate or evaluation by third party (you will be informed in advance if this is the case);
- 5) To the appropriate authority if you present an imminent danger of violence to yourself or others;
- 6) To comply with laws relating to Worker's Compensation or other similar lawful programs that provide benefits for work-related injuries or illness;
- 7) In order to defend Provider in the event a client files a complaint or lawsuit.

Your Rights:

You may request certain restrictions on certain disclosures and uses of your PHI. However, Provider is not required to agree to such requests.

You have the right to request and receive confidential communications concerning your PHI and treatment by alternative means and at alternative locations. For example, upon your request, Provider will not leave messages for you on your home answering machine, as long as Provider has an alternative way of reaching you.

You have the right to inspect and/or obtain a copy of your PHI as found in Provider's records. Under certain circumstances Provider may deny access to this information, but in some cases this decision can be reviewed. If desired, please discuss the request and denial process with Provider.

You have the right to request an amendment to your PHI in Provider's records. Provider may deny your request. Please discuss the amendment process with Provider.

You have the right to receive an accounting of the disclosures of your PHI.

Provider's Duties:

Provider is required by law to maintain the privacy of your PHI, and to provide you with a notice of his legal duties and privacy practices. *Provider takes very seriously your right to privacy and is always available to discuss with you any concerns you may have about the privacy of your PHI. Please call Provider immediately at 303-756-6110 if you have any questions or concerns about your right to privacy.*

Provider reserves the right to change the privacy policies and practices described herein, and will abide by such policies and practices until and unless Provider notifies you of any changes in writing. Provider will also gladly discuss with you any changes.

I have been informed of my therapist's degrees, credentials, licenses and Privacy Policy. I have read the Provider's Disclosure and Privacy Policy and understand my rights as a client.

Client Signature

Date

Client printed name