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**CREEKSIDE COLLABORATIVE THERAPY, PLLC**

**DISCLOSURE STATEMENT, TREATMENT FORM, & PRACTICE POLICIES 10/21**

*This disclosure statement and agreement form contains important information about our professional services and business policies. Please read the following in order to help you understand what you can expect of us and what we expect of you while we are working together.*

**Licensure & Education of Creekside Collaborative Therapy Clinicians & Interns:**

6000 Greenwood Plaza Blvd Ste 105

Greenwood Village, CO 80111

<b>Name</b>	<b>License Type &amp; Number</b>	<b>Practice Location</b>	<b>Creekside Role</b>
Melissa Beck, BA	Counseling Intern Supervised by Michelle Lefco-Rockey, LCSW	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern
Denyse Breeden, MA	LPC 0013515	Telehealth Only	Independent Contractor
Matthew Disbrow, MSW	LCSW 992227 ACC 0004185	Telehealth Only	Independent Contractor
Holly Ellis, PMHNP	APN 0992603	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Independent Contractor
Meghan Epstein, MA	LPC 0013901 ACS	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Clinical Supervisor Employee
Lauri Exley, MA	LPCC 0021931 Supervised by Michelle Lefco-Rockey, LCSW	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern
Carla Farris, PMHNP	APN 0003311	Telehealth Only	Independent Contractor
Katharine (Katie) Gannon, MA	LPC 0011915 ACD 0001803	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Independent Contractor
Vicki Grossman, PMHNP	APN 0004800	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Independent Contractor
Clare Harriman, BS	Counseling Intern Supervised by Meghan Epstein, LPC	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern
Christopher Hutchings, PMHNP	APN 0004872	Telehealth Only	Independent Contractor
Michelle Lefco-Rockey, MSW	LCSW 992600	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Owner
Elena Massetti, MS	LPC 0021226	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Employee
Caitlyn McConnell, MA	LPCC.0020644 Supervised by Meghan Epstein, LPC	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Employee
Liz Mihai, BS	Counseling Intern Supervised by Meghan Epstein, LPC	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern

Sara Paston, PMHNP	APN 0996432	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Independent Contractor
Kiana Portillo, BA	Counseling Intern Supervised by Michelle Lefco-Rockey, LCSW	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern
Jenna Radcliffe, MSW	Clinical Social Work Candidate SWC Supervised by Michelle Lefco-Rockey, LCSW	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Employee
Megan Sears, BA	Counseling Intern Supervised by Michelle Lefco-Rockey, LCSW	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern
Leslie Vannucci, PMHNP	APN 0990395	Telehealth Only	Independent Contractor
Nicole Vasseur, MSW	LCSW 992382	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Independent Contractor
Jamie Walker, BA	Counseling Intern Supervised by Meghan Epstein, LPC	6000 Greenwood Plaza Blvd Ste 105 Greenwood Village, CO 80111	Intern

### Client Rights and Important Information:

- You are entitled to receive information from your clinician about their methods of therapy, the techniques they use, the duration of therapy (if known), and the fee structure.
- You can seek a second opinion from another clinician or terminate treatment at any time. If you feel that a change of clinicians is appropriate, we can provide you with the names of other clinicians at your request.
- In a professional relationship, sexual intimacy is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. This same contact information can also be used to report any other grievances you may have.
- Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.
- 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 (see exceptions below).
- There are exceptions to the general rule of legal confidentiality of Protected Health Information (PHI). These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. There are exceptions that your clinician will identify to you as the situations arise during therapy. Some of these exceptions include: serious threat or intent to harm others or yourself; abuse or neglect of children, abuse or suspected abuse of the elderly or others unable to care for themselves; subpoenaed testimony in criminal court cases and orders to violate privilege by judges in child custody, divorce, and/or other court cases.
- State and Federal laws require that your records are kept private. Such laws require that clinicians provide you with this notice informing you of our privacy of information policies, your rights, and our duties. We are required to abide by these policies until replaced or revised. We have the right to revise our privacy policies for all medical records, including records kept before policy changes were made. Any changes in this notice will be made available upon request before changes take place. Please note, mental health professionals in Colorado are required to maintain records for 7 years after termination of treatment. After 7 years, your medical records may be destroyed. This disclosure serves as notice that your records may be destroyed 7 years after you finish treatment with me.
- **Regulation of Psychotherapists:** 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. The regulatory boards can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. The regulatory requirements for mental health professionals provide that 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 master's 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 Technician must be a high school graduate, complete required training hours, pass the National Addiction Exam, Level I or an equivalent exam, and complete 1,000 hours of supervised experience. A Certified Addiction Specialist must have a bachelor's degree in behavioral health, complete additional required training hours, pass the National Addiction Exam, Level II or an equivalent exam and complete 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's or doctorate degree, pass the Master Addiction Counselor Exam or an equivalent exam, and complete 3,000 of supervised experience. A Unlicensed Psychotherapist is 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.

### Fees:

Individual therapy sessions are 50-60 minutes in length. Payment in full for any portion of your appointment that will not be paid by insurance, is expected at the

time of service. Current session cash rates are \$175 (\$200 for initial session) for licensed therapists, \$135 for pre-licensed clinicians, and \$75 for interns. Please discuss rates for medication management with the office as these rates vary based on who you are seeing and the complexity of your needs. We will provide Good Faith Estimates (GFE's) as required by federal law. Legal services incurred on your behalf are charged a higher rate of \$500.00 per hour for any Creekside employee or intern. Please note that clinicians that are Independent Contractors with Creekside may have their own policies around court fees. Please be advised that if your clinician is subpoenaed or otherwise required to participate in a legal proceeding as a result of providing services to you, you will be expected to pay for any professional time spent on your legal matter, even if the request comes from another party. Legal services include, but are not limited to: attorney fees that may be incurred in preparing for or complying with the requested legal services; testimony related matters such as case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.

#### **Risks of Treatment:**

Psychotherapy and/or medication management come with potential risks and benefits. Your provider(s) will discuss these at the beginning of treatment and during treatment as appropriate. While there is hope that improvement will occur as part of the therapeutic process, this is not a guarantee. In addition, therapy can be emotionally painful at times and medications may have side effects. You may experience times in which your symptoms seem to be getting worse. Please openly communicate with your provider about any progress or setbacks.

#### **Consultation and Supervision:**

It is a common practice for mental health clinicians to consult with other professionals, supervisors, or colleagues about issues that arise in treatment. In addition, for quality assurance standards, peer chart audits are sometimes conducted. By signing this form you are understanding and giving consent for clinicians within Creekside Collaborative Therapy (listed above) to share information with one another for the purposes of coordination of care, consultation/supervision, and quality assurance (chart audits).

#### **Regarding Divorce & Custody Litigation:**

If you are involved in divorce or custody litigation, our role is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena us to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that we write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

#### **Creekside Collaborative Therapy Information:**

Creekside Collaborative Therapy is owned Michelle Lefco-Rockey, LCSW. Creekside employs master's level pre-licensed clinicians working towards licensure and licensed clinicians. In addition, Creekside contracts with master's level therapists and psychiatric mental health nurse practitioners (PMHNP's). We also offer clinical internships to therapists in master's level counseling programs. Independent contractors are not employees of Creekside, but rather maintain their own independent private practice. Creekside Collaborative Therapy is not liable for the services of independent contractors as each contract clinician is an independent provider with his or her own business. As we have interns/students and prelicensed clinicians as part of our practice, we do employ a training model of care. This means that there may be opportunities where trainees, supervisors, or additional clinicians may participate in your appointments with your verbal permission or you may be asked to consent to a video recording. This team approach gives you the opportunity to be seen more fully and more holistically and gives the clinicians the opportunity to further develop their skills.

Creekside Collaborative Therapy PLLC provides marketing services, office space, billing support, and administrative services to our providers. Independent contract clinicians do not supervise or receive supervision from Creekside Collaborative Therapy, PLLC or the other professionals providing services at Creekside Collaborative Therapy PLLC. Independent Contractors at Creekside Collaborative Therapy PLLC are not in a partnership and have no responsibility for each other's practices.

Creekside Collaborative Therapy provides administrative support to your provider, including billing. Our billing specialist will have access to your information as part of the billing process. Creekside Collaborative Therapy will check your insurance benefits and we will do our best to make you aware of any co-pays, co-insurance and deductibles that you will be responsible for. However, as you are ultimately responsible for any charges that your insurance company does not pay, we encourage you to also call your insurance company to get the most accurate and up-to-date information. Please note that some insurance companies offer "Supervisory" or "Incident-to Billing". For those insurance companies, the services of interns or pre-licensed therapists can be billed under their supervisor when their supervisor is contracted with that insurance company. We accept cash, credit cards and checks as forms of payment. We require an up-to-date credit card be kept on file, unless you have Medicaid. All credit card information is kept online in an encrypted format.

#### **Cancellation & Payment Policies**

We require 24 hours notice for all therapy cancellations and 48 hours notice for medication management appointments, except in cases of emergencies. If we do not receive such notice we will charge your credit card the full fee for that service, except if you are covered under Medicaid. Medicaid does not allow providers to charge clients for no-shows. However, our policy is that we may no longer be able to provide services to you if you have two or more unexcused no shows or late cancellations. Please note that if you do not show to your initial appointment you will be charged the full fee of \$250 for medication management. Our no show fee for therapy appointment is the same as our current cash rates. Cancellation notice does not include weekends or holidays. For example, a therapy appointment on Monday, must be canceled on Friday to avoid being charged.

Receipts and statements will be sent to each client on a monthly basis by mail. Please keep your information up to date so that you receive these. Payment is due within 30 days of receipt of statement. After 30 days, any unpaid charges will be charged to your credit card on file unless other arrangements have been made.

We reserve the right to send any past due payments of more than 60 days to collections and by signing this form you are giving us consent to release any information needed should you be sent to collections. Please be aware that an 8% charge will be added to your past due amount if your account is sent to

collections. You may contact our billing specialist, Christina Chavez-Koontz, at 720-638-0811 with any billing or insurance-related questions.

**Grievances:**

If you have concerns about your treatment, we encourage you to first talk to your provider. If you do not feel comfortable doing so or if you have tried to do so but your concerns remain unresolved, please contact our Grievance Coordinator, Cory Lefco. He can be reached at 303-770-6933 or at [cory@creeksidecollaborativetherapy.net](mailto:cory@creeksidecollaborativetherapy.net). You can also access our Grievance Form at <https://hipaa.jotform.com/212687398375169>. This link is also posted on our website. If you are insured through Colorado Medicaid, you can also call the RAE to which you are assigned to file a grievance. If you have Medicaid through Colorado Access, please call 720-744-5134. If you have Medicaid through CCHA, please call 855-627-4685. You may also contact the state Ombudsman for Health First Colorado at 303-830-3560 regardless of which RAE you are assigned.

**Medical Record Requests:**

If you would like to request your medical records, please fill out a Medical Records Request Form by going to <https://hipaa.jotform.com/2108....> The link to this form is also on our website. Jessie Harrington, our client services coordinator, will then send your request to your provider to determine if your records can be sent in full or if your situation meets the criteria for the "harm exception". If your provider denies the request, federal law requires a review process by another provider. We will discuss how this process works if needed.

You will not be charged for your records to be sent by encrypted email. If, however, you request that the records be mailed we will charge \$20 for the first 15 pages and \$.50 for each page after that. Your records will be sent as soon as possible but within no more than 30 days. If your provider is an Independent Contractor, please check with them to see if they have their own medical records request procedure.

**Availability:**

You may contact our office at 303-770-6933. Please leave a message and we will generally return your call the same business day if you call between the hours of 9am-4pm. We usually are able to return calls within two hours from 9am-4pm on Monday-Friday (except for holidays). Please also discuss with your provider how to contact them directly. If you are having a clinical emergency, please go to your closest emergency department or contact Colorado Crisis Services at 1-844-493-TALK or dial 988.

**Social Media Policy:**

Please refrain from posting any confidential or identifying information related to your mental health appointments on social media platforms. This includes but is not limited to specific details of discussions, names, or identifiable characteristics of others involved in your sessions. Please do not attempt to connect with your clinician or disclose any personal information via social media platforms. Clinician relationships are conducted in a professional setting and should remain confidential and separate from personal online interactions. Social media platforms are not appropriate for urgent communication or emergencies. Your clinician will not initiate or accept friend requests on social media platforms to maintain professional boundaries and ensure confidentiality. You agree that you will refrain from discussing, commenting, and/or asking therapeutic questions via any social media platform, including online review sites and you will instead discuss any concerns or questions with us directly. If you have any questions regarding social media, review websites, or search engines in connection to our therapeutic relationship, please contact us immediately and address those questions.

Creekside Collaborative Therapy has a business social media account page, but there is absolutely no requirement that you "like" or "follow" this page. If you should "like" or choose to "follow" Creekside's business social media page, you understand that others will see your name associated with "liking" or "following" that page. You also understand that this applies to any comments that you post on Creekside's page/wall. Any comments you post regarding therapeutic work between us will be deleted as soon as possible.

**Additional Information:**

By signing this form, you also consent to being contacted by regular mail, by e-mail, or by telephone (including a cell phone number) regarding any matter related to your account by Creekside or any entity to which Creekside assigns your account. You also consent to the use of any updated or additional contact information that you may provide to Creekside or any entity to which Creekside assigns to your account, as well as to the use of technology including auto-dialing and/or pre-recorded messages and the use of artificial voice and artificial intelligence technology in contacting you.

Any part of this consent form may be revoked at any time by contacting Creekside administrative staff and by providing the revocation in writing. Please note that revoking certain parts of the consent may impact our ability to bill your insurance company, thereby making you fully responsible for the cost of services, or may impact our ability to provide services for you within our practice.

I have read the preceding information. By signing below, I acknowledge my understanding and agree to all the terms discussed in the disclosure statement and agreement form. My signature also serves as consent to treatment with Creekside Collaborative Therapy clinicians.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Creekside Owner Signature

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Provider Signature

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Date