Dr. Rohini Gupta
4500 E 9th Ave #660, Denver, CO 80220
720-675-7009

Client Information form

Client Name:_____Date of Birth:_____

Social Security Number:_____ Phone Number: _____

Address:_____

City:_____ State:_____Zip code:_____

Email address:_____

Additional Client(s) (for couples)

Client Name:_____Date of Birth:_____

Address: (if different from above)_____

City:_____ State:_____Zip code:_____

Email address:_____

Preferred method of contact in which it is ok to leave a message (check all that apply)

____Email ____Home phone ____Mobile (text ok? Y/N)

How did you hear about Dr. Rohini Gupta?_____

Emergency contact information

Name:_____
Relationship to client:_____
Address:_____
Phone number:_____
City:_____State:_____Zip code:_____

Dr. Rohini Gupta conducts a private pay practice and does not directly bill insurance. Please indicate if you plan on submitting billing statements to your insurance company for reimbursement : YES_____NO_____

Questionnaire

Briefly describe what brings you in today?

Have you had previous Counseling and/or psychiatric treatment? Please provide name of provider, treatment facility, and dates/length of treatment.

Please describe any major medical concerns.

Please list current medications (please include the dosage and prescribing physician).

Please describe how you identify yourself ethnically/racially and any other cultural factors that might be helpful to know about.

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Disclosure Statement

License Information:
License Psychologist, PSY.0004165
Issued 11/20/2014

Education/Degrees:
Psy.D., University of Denver, Denver, Colorado: Doctor of Psychology, 2013
M.A., University of Denver, Denver, Colorado: Master of Clinical Psychology, 2011
M.S.W, University of Denver, Denver, Colorado: Master of Social Work, 2009
B.A., Lewis and Clark College, Portland, Oregon: Bachelor of Arts, 2005
Interpersonal Trauma Studies Certificate, University of Denver, Denver, Colorado, 2009

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 Board of Licensed Professional Counselors Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

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 bachelor's 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.

Client Rights and Important Information
You are entitled, to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure.

You can seek a second opinion from another therapist or terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Informed disclosure to a psychotherapist is privileged communication and cannot usually be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought related.

Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality, some of which are listed in section 12-43-218,and the Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. Some of these exceptions include: (1) I am required to report any suspected incident of child abuse or neglect, within the stipulations of state law, to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; and (4) I am required to report any suspected threat to national security to federal

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

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the clients responsibility party. I have also acknowledged that I have received a copy of the Disclosure Statement.

_____/_____

Client's or Responsible Party's name [PRINT/SIGN] **Date**

_____/_____

Client's or Responsible Party's name [PRINT/SIGN] **Date**

_____

Therapist name/Witness **Date**

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

_____

Consent for Treatment and Financial Agreement

I voluntarily consent to participate in mental health and/or consultation services with Dr. Rohini Gupta. Dr. Gupta is registered with the state of Colorado as a Licensed Psychologist, PSY.0004165

- Rate for Individual/Couple's Treatment, Consultation by Phone or In Office is **$170.00 (45 Minute Session)**
- Telephone calls under 15 minutes are free of charge. Any call 15 minutes or more will be charged a prorated rate based on the established session fee (this does not include full 45 minute telephone appointments).

If you are currently receiving a financial scholarship which has been previously arranged with Dr. Gupta, please enter the session rate (45 minute session):_____

Practice Policies

Form of Payment
Dr. Rohini Gupta accepts credit/debit card, cash or check. If client is paying cash or check, payments is asked to be made at the beginning of each session.

Cancellation Policy
Client are responsible for payments at the time services are rendered. Clients agree to provide **at least 24 hours notice** for cancellations. **For appointments on Mondays, notice of cancellation must be made by the preceding Friday**. If 24 hours notice is not provided or no notice is given at all, clients will be charged the full fee for the session.

Failure to pay
Any bill not paid within 30 day or if billing efforts fail, accounts will be subjected to Collections Recovery at the discretion of Dr. Rohini Gupta. An attempt will be made by Dr. Rohini Gupta to develop a payment plan for those clients who wish to seek this option for outstanding balances. By signing this agreement you are agreeing to this procedure.

Consultation with outside parties
If consultation by an outside party is requested, clients will be billed the established hourly rate.

If you are in a divorce or custody litigation, or involved in the court system in any other manner, please understand that the role of this therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in the litigation. By signing this disclosure statement, you agree not to call Dr. Rohini Gupta as a witness in any such litigation. Experience has shown that testimony by therapists in domestic cases causes damage to the clinical relationship between a therapist and a client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

Phone & Email Policies

Dr. Gupta will make every effort to return calls within 24-48 hours, Monday through Friday, with the exception of weekends and holidays. If meeting in person is not possible, phone sessions can be scheduled and the fee is the same as an in person session. With regards to electronic communication (e.g., email), this is a a non-secure form of communication, and the therapist may not respond immediately, and that written material from the email will be included in the clinical chart. Additionally, e-mail is not an appropriate form of communication during emergencies. In the event of an emergency, clients should call 911 and/or go to the nearest emergency room.

Insurance

Dr. Gupta conducts a private pay practice and does not directly bill insurance.

Additional Information

Dr. Gupta receives and answers messages Monday through Friday from 9am to 4:00pm. She does not check her messages and return phone calls outside of those days/times.

Dr. Gupta is an independent practitioner in Suite 660, 4500 E. 9th Avenue, Denver, Colorado, and as such is not legally or professionally affiliated with any other mental health professional. She shares receptionist services, but does not operate otherwise as a group and she does not share treatment responsibilities.

Emergency Procedures

Although Dr. Gupta is committed to checking messages and returning calls, She does not carry a pager and **Dr. Gupta does not provide 24-hour coverage**. If you feel you are having a mental health emergency and you are unable to contact me, dial 911 for help or go to the nearest hospital emergency room. Generally speaking, Dr. Gupta provides non-emergency psychotherapeutic services by scheduled appointment. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. If Dr. Gupta believes your psychotherapeutic issues are above her level of competence or outside her scope of practice, she is legally required to refer, terminate, or seek outside consultation.

I have read and understand the Consent for treatment and Financial Agreement

_____/_____

Client's name or Responsible Party [PRINT/SIGN] **Date**

_____/_____

Client's name or Responsible Party [PRINT/SIGN] **Date**

If signed by responsible Party, please state relationship to client and indicate authority to consent_____