

ADMISSION INFORMATION

Client # \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Blood alcohol level or Breathalyzer BAL: \_\_\_\_\_

Case Manager/ P.O.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Records requested from P.O.: \_\_\_\_\_ Case #: \_\_\_\_\_

Sentencing Date: \_\_\_\_\_ County of Conviction: \_\_\_\_\_ # \_\_\_\_\_

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Name: \_\_\_\_\_  
Last First Middle Initial

Street City State Zip  
County: \_\_\_\_\_ Phone #: Home \_\_\_\_\_ leave a message \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

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Name of Employer: \_\_\_\_\_ How Long: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Do you have an advanced directive: yes \_\_\_\_/no \_\_\_\_ If yes, can I have one: yes \_\_\_\_/no \_\_\_\_

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Enrolled in: Level II Ed \_\_\_\_ Only \_\_\_\_ Level II Therapy: 42 Hrs. \_\_\_\_ 52 Hrs. \_\_\_\_

68 Hrs. \_\_\_\_ 86 Hrs. \_\_\_\_ UA \_\_\_\_ BA \_\_\_\_ EOP: \_\_\_\_ # of past DUI's: \_\_\_\_\_

Date of last DUI: \_\_\_\_\_ # of other arrests in the last two years: \_\_\_\_\_

# of Times Used in last 30 days: \_\_\_\_\_ Interlock screening provided: yes \_\_\_\_/no \_\_\_\_

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TMS update Dates: \_\_\_\_\_

## **CLIENT RIGHTS AND RESPONSIBILITIES**

### **Rights:**

- 1. Access to treatment shall be non discriminatory on the basis of race, color, national origin, religion, age, sex, marital status, sexual preference, handicap or political affiliation.**
- 2. To be informed of costs of services rendered.**
- 3. To be informed of program rules and regulations.**
- 4. The right to consult with legal counsel at any time.**
- 5. To expect that Federal Confidentiality Regulations will be adhered to.**
- 6. Right to review own clinical records and receive copies of same unless contraindicated as determined by staff and clinical supervisor.**
- 7. The right to an explanation and outcome of any substance abuse and/or psychological testing administered.**

### **Responsibilities**

**Payment for classes is as follows:**

- 1. Classes can be prepaid OR**
- 2. PAY AS YOU ATTEND EACH SESSION. We accept cash or checks, or credit cards.**
- 3. Mountain Treatment Services does not take insurance coverage for payment of fees.**

**Attendance at classes is as follows:**

- 1. IF YOU ARE MORE THAN TEN MINUTES LATE FOR GROUP (past the starting time) YOU WILL NOT BE ALLOWED TO STAY FOR GROUP.**
- 2. Level II Education consists of twelve (12) different presentations. If you miss a class you will need to make up the class you missed. If this is not possible, you need to discuss the situation with your counselor. It is strongly recommended that you come to twelve sessions in a row to prevent making up missed classes.**
- 3. Any indication of alcohol or other drug usage prior to class will be cause for refusal for admission to class.**
- 4. Any threat of or actual physical violence will be reason for immediate discharge.**

**Reporting to Probation Officers or Courts is as follows:**

- 1. Record of attendance and compliance with court order is reported In the Treatment Management System (TMS) each month.**
- 2. YOU ARE ALLOWED ONE ABSENCE DURING EDUCATION AND ONE ABSENCE DURING THERAPY.**

**If you miss more than the above stated misses, you will be considered non-cooperative and your evaluator/probation officer would be notified.**

**If you are discharged and you desire to re-enter the program, a \$40.00 reinstatement fee will be charged to be paid upon readmission to the program.**

**Miscellaneous:**

Telehealth - classes are provided via zoom. Your therapist will provide the appropriate link. Keep your video on at all time unless for a very brief period. Please set class time aside to have your full attention to the group process. You may not be at work during class. Do not allow others in your household to hear what is being said in group.

**Grievance Procedure Concerning Care and Treatment**

Client shall talk with the program director for resolution. If the problem cannot be resolved the client may choose to seek treatment elsewhere or contact OBH –Office of Behavioral Health – 3824 W. Princeton Circle - Denver, Co. 80236  
303-866-7400.

**Group Times**

Level II Education - Monday 7:00 – 9:00 PM

Level II Therapy - Monday 5:00 – 7:00 PM

Level II Therapy - Monday 2:30- 4:30 PM

**Fees Schedule**

_____	Intake and Level II Education Workbook.....	\$ 80.00 plus
	\$3.00 CC fee	
	Evaluation, and Monthly reports through TMS	
_____	Level II Education (\$27.00 per 2 hour session) plus \$1.00 CC fee	
	24 hours (12 groups) .....	\$336.00
_____	Therapy Workbook .....	\$30.00 plus \$1.50 CC fee
	Level II Therapy (\$27.00 per 2 hour session) plus a \$1.00 CC fee	
_____	42 hours (21 sessions) .....	\$588.00
_____	52 hours (26 sessions) .....	\$728.00
_____	68 hours (34 sessions) .....	\$952.00
_____	86 hours (43 sessions) .....	\$1204.00
_____	Reinstatement Fee (readmission after being discharged) --	\$40.00 plus
	\$2.00 CC fee	

**DISCLOSURE STATEMENT**

**Christine Fale, M.A., LAC, LPC, NCC Clinical Supervisor**  
**Masters of Arts in Clinical Mental Health, Adams State University, 2017.**  
**Bachelors of Science in Human Services, Metropolitan State University, 2003.**  
**LAC Licensed Addiction Counselor, State of Colorado 2003- present.**  
**LPC Licensed Professional Counselor, State of Colorado 2019-present.**

**Adelaide Nicholson, M.ed., CAS, Clinical Supervisor**  
**Masters of Education in Counseling, Lesley College Graduate School, 1977.**  
**Bachelors of Arts in Human Development and Family Studies, Ohio Wesleyan University,**  
**1975. CAS Alcohol and Drug Counselor, State of Colorado, 1986-present.**  
**DORA 1560 Broadway, Suite # 1340**  
**Denver CO (303)894-7766**  
**OBH 3824 West Princeton Circle**  
**Denver CO. 80236 (303)866-7400**

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

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapist is the Grievance Board, 1560 Broadway, Suite #1340, Denver Colorado 80202, 303-894-7766.

**Client Rights and Important Information:**

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the State Grievance Board. The Notice of Federal Requirements Regarding Confidentiality of Alcohol and Drug Patient Records form provides information about the confidentiality of your records. You read and sign this form as part of your admission process.

If you have any questions or would like additional information, please feel free to ask. I have read the preceding information and understand my rights as a client/patient.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and received a copy of the AIDS information.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIALITY**

**Notice of Federal Requirements Regarding Confidentiality of Alcohol and Drug Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not want to say to a person outside of the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by court order, or
- (3) The disclosure is made to a medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threats to commit such crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate State or local authorities, see 42 U.S.C.290dd-3 and 42 U.S.C 290ee-3 for Federal laws and 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TELEHEALTH CONSENT FORM**

- 1. I hereby authorize Mountain Treatment Services, Christine Fale, to use the Telehealth practice platform for telecommunication for evaluating, testing and diagnosing my medical condition.**
  
- 2. I understand that technical difficulties may occur before or during the Telehealth sessions and my appointment cannot be started or ended as intended.**
  
- 3. I accept that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.**
  
- 4. I understand that my current insurance may not cover the additional fees of the Telehealth practices and I may be responsible for any fee that my insurance company does not cover.**
  
- 5. I agree that my medical records on Telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.**

**Client's Printed Name: X** \_\_\_\_\_  
**Date: X** \_\_\_\_\_ **Signature: X** \_\_\_\_\_