

Disclosure Statement

Kent A. Tompkins, MA, LPC
Kent Tompkins Integrative Psychotherapy, LLC
2216 Scotch Pine Ct. Loveland, CO 80538
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Education/Degrees/Credentials:

B.S.	University of Northern Colorado, Special Education –	1974
B.A.	University of Northern Colorado, Clinical Psychology –	1974
M.A.	Adams State College, Community Counseling –	1992
LPC	State of Colorado, License #949	1994

Additional Education/Training/Credentials:

MMPI-2 (Adolescent and Adult), Dr. Chris Young, PhD	1992-1994
MultiPhasic Sex Inventory	1994
Shipley Institute of Living Scale-Intelligence Scale	1994
Hindman Juvenile Culpability Assessment, Jan Hindman	2000
Abel Screen Assessment (Sexual Interest), Dr. Gene Abel	2000
Treatment and Evaluation of Sexual Offenders, Colorado	1997-2007
Hare Revised Psychopathy Checklist (PCL-R), Dr. Robert Hare	2001
EMDR II Certification, EMDR HAP Program	2012
Clinical Hypnotherapy and Accelerated Healing, Hypnotherapy Academy of America, Santa, Fe, NM	2005
Core Transformation, Elizabeth Kos, LCSW	1997

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, and licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting and unlicensed individuals that practice psychotherapy and certified/licensed addiction counselors. The agency within the Department that has the specific responsibility of licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894, 7800.

Client Rights and Important Information:

You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of my therapy (if determinable), my cancellation policy, billing methods and my fee schedule. You can seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship such as ours, sexual intimacy between therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to Department of Regulatory Agencies, Mental Health Section.

Confidentiality:

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 addictions 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. In the case of couple's therapy, the consent of both parties is necessary.

The information provided by the client during therapy is confidential except for certain legal exceptions. 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. Exceptions to the rule of confidentiality will be identified to you should any such situation arise during therapy. Examples of such exceptions include but are not limited to: a client who is an imminent danger to self or others; there is suspected child abuse or neglect. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

Client initials: _____

I may also ask if you would be willing to sign a written release of information in order to share information with other treatment providers (previous therapist, psychiatrist, primary care physician, etc.). If you have any questions or would like additional information, please feel free to ask.

Evaluation: The first 2-4 sessions are considered an evaluation period for both the therapist and client(s). If at any time during this evaluation period the therapist or client(s) determine the therapeutic relationship is not a good fit, the two will discuss termination and referral if necessary.

Financial Agreement: My individual rate, rather in-person or via TeleHealth for 1.0 hour is \$165. \$200 for 1.5 hours. My couples and family rate is \$185/\$230 for 1.0/1.5 hours respectively. My supervision rate is \$175 per hour for those seeking licensure supervision. Group rates for 1.5 hour group sessions is \$50.

If a letter, outside correspondence, report or professional consult is requested or required, you will be billed according the rates above, for any time needed to prepare or conduct such consult either by phone, TeleHealth or in person.

There are times when in-between session consults are beneficial, relevant or needed. Typically I do not bill for such consults lasting 5-10 minutes or less. If needed however, longer consults are warranted, I reserve the right to bill at the established rates listed above. I will discuss with you before billing for longer consults.

Emergencies and After Hours: I cannot provide emergency or after-hours services such as provided by hospitals, mental health centers or larger agencies. Nor can I provide in-patient services. If you should require psychiatric in-patient services or routine in-patient services, I will work with you to locate such services.

Forms of Payment and Payment Policies: I accept cash or checks, PayPal, credit cards and Venmo at the time of services rendered. I have PAA windows for payment on my website, www.kenttompkins.com/services. The vast majority of clients, leave their credit card information with me and I file this in the client's chart, and bill after each session. I also have an on-line scheduling and billing service on my site to schedule yourself in, and payment. Is required at this time of scheduling. Clients are responsible for outstanding fees associated with returned checks.

Cancellation Policy: In the event you need to cancel an appointment, please provide 48 hours notice before your scheduled appointment. If sufficient notice is not given, or no notice is provided at all, I reserve the right to bill the full amount of my service fee stipulated in the Disclosure Statement.

Insurance: I do not bill through any insurance or medical plan other than Rocky Mountain Health Plans in Grand Junction, CO. I will provide however upon request, a Superbill in which you can submit to your insurance company for potential reimbursement, complete with diagnostic, services rendered and fee information.

Policy for Nonpayment: In the event billing attempts fail, Your account may be subject to filing with a collections agency. I will attempt to create a billing plan for clients showing an effort to resolve past due balances.

Required Signatures: I understand and agree to the proceeding Disclosure Statement, Consent For Treatment and Financial Agreement and the additional information provided directly above. I also understand my rights as a client/patient.

Consent For Treatment: I voluntarily consent to mental health services with Kent A. Tompkins, MA LPC

Client/Patient Printed Name	Signature	Date
Kent A. Tompkins, MA, LPC		

Therapist - Kent A. Tompkins, M.A., LPC	Signature	Date
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