

Kent A. Tompkins, MA, LPC
Kent Tompkins Integrative Psychotherapy
2216 Scotch Pine Ct. Loveland, CO 80538
(970) 626.3333 / kent@kentart.com

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

Registrations:

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

Client Initials: _____

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.

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.

Consent for Treatment

I voluntarily consent to mental health services with Kent Tompkins, MA LPC.

Evaluation

The first 2-4 sessions are considered an evaluation period for both therapist and client. If at anytime during this evaluation period the therapist or client determine the therapeutic relationship is not a good fit the two will discuss referrals and terminate.

Financial Agreement

My in-person individual rate is \$100 per 50-minute clinical hour; \$150 for 1.5 hour sessions, \$90 for virtual sessions (50 minute). My couple's therapy rate is \$165 per 90-minute clinical hour. My group therapy rate is \$45 per 2-hour group. Therapeutic sessions lasting other than 90-minutes in length will be pro-rated based on this base fee.

If a report, letter or consultation with an outside party is requested, you will be billed for any time needed to prepare documentation, or to conduct an in-person or phone consultation according to my standard fee as listed above (pro-rated as necessary).

There are times when brief between-session telephone contact may be of benefit in helping you to achieve your treatment goals. You and I will discuss the best use of this contact, if necessary. While I do not generally bill for this service, I reserve the right to do so in certain situations, which would be identified and discussed with you beforehand.

Emergencies & After Hours

I cannot provide routine after-hours or emergency services such as are provided by hospitals, mental health centers, and other larger agencies, nor can I provide inpatient treatment. If you should require psychiatric hospitalization, I will work with you to identify and obtain appropriate services. If you feel you may need routine after-hours or emergency services, or if routine after-hours or emergency services are used during the course of treatment, I will work with you to locate appropriate resources.

Forms of Payment & Payment Policies

I accept the following forms of payment: cash, personal checks, PayPal on my website and credit cards. You will be responsible for payment at the time services are rendered. Should a check be returned you will be responsible for any fees incurred by Kent Tompkins, LPC as a result of the returned check.

Cancellation Policy

In the event you need to cancel an appointment, please provide notice within 24 hours of your scheduled appointment time. If sufficient notice of a cancellation is not provided, or no notice is given at all, my standard service fee as agreed upon in this disclosure will be assessed for that session.

Insurance

I do not directly bill through any insurance or medical plan with the exception of Rocky Mountain Health Plans; however, receipts are available monthly upon request. These receipts (with diagnosis) can be used to initiate the reimbursement process privately through your insurance company if you choose.

Client Initials: _____

Policy for Non-Payment

In the event billing efforts fail, delinquent accounts may be subject to collections. I will make every attempt to develop a payment plan with any client struggling to pay a past due balance prior to sending a balance to collections.

Required Signatures

I understand and agree to the preceding Disclosure Statement, Consent for Treatment, Financial Agreement and the Additional Information provided directly above. I also understand my rights as a client/patient.

Client/Legal Guardian Printed Name	Signature	Date
Kent Tompkins, MA, LPC		

Kent Tompkins, MA LPC Therapist Printed Name	Signature	Date
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