



INTAKE FORMS

For Clients of Dr. Chris Miller

The forms in this packet should be completed as directed before you come in for your first visit.

All clients should read and complete the first six forms:

- Disclosure Statement
- Client Contact Information for Messages and Written Correspondence
- Client Information Sheet
- Credit Card Authorization
- Telephone Contact Information Policy
- Scheduling and Payment Policy

Couples entering marital therapy should fill out all forms above individually and jointly complete the last form:

Marital Therapy Contract

If you are unable to download these forms, please contact Dr. Chris Miller at 303-351-5153 or cmiller@redwoodcounselingservices.com and arrive at least 15 minutes prior to your scheduled appointment time to complete the forms.

Thank you,

Dr. Chris Miller

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DISCLOSURE STATEMENT

The State of Colorado requires that psychotherapy and psychiatric clinicians provide clients with certain information about the psychotherapy process. Please take time to read this page carefully, ask about any matters that seem unclear, initial where indicated, and sign the back page of the statement. A copy will be placed in your files.

As licensed therapists and registered counselors we desire to integrate sound psychological, medical, and spiritual principles in your treatment. You are entitled to receive information from any counselor concerning their methods of therapy, the techniques used, an estimation of the duration of your treatment, fee structure, risks and benefits of counseling, confidential and access to your records. You also have the right to know what other treatment options are available and the possible effectiveness of those alternatives. You may at any time seek a second opinion from another clinician and/or terminate the counseling process. Counselors/clinicians need to be informed if you are working with more than one counselor.

REGULATION OF PSYCHOTHERAPISTS

The practice of licensed and 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 Addictions Counselor I (CACI) 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 1000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A registered psychotherapist is a psychotherapist 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.

You are entitled to receive information from your counselor about the methods of therapy, the techniques used, the duration of your therapy and the fee structure. You can seek a second opinion from another counselor or terminate counseling at any time.

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In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies, Division of Registrations Mental Health Boards, 1560 Broadway, Suite 1350, Denver Colorado 80202.

As a registered psychotherapist, Dr. Miller is under the authority of and is regulated by the Department of Regulatory Agencies, Division of Registrations, the Board of Registered Psychotherapists. Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, 303-894-7800.

The information provided by the client during counseling sessions is legally confidential and cannot be released without the client's consent. If the information is legally confidential, the counselor cannot be forced to disclose the information without the client's consent. There are exceptions to this confidentiality, some of which are listed below, and in the Colorado Statute 12-43-218, C.R.S. 1998,; legal confidentiality does not apply in a criminal or delinquency proceeding, client-initiated court cases or grievance inquiries, providing information to insurance companies, supervision or consultation, grave disability, court order, or client's authorization to release information. If a legal exception arises during therapy, if feasible, you will be informed accordingly. **Mental health providers are required by law to report cases of child neglect or physical/sexual abuse to County Child Protective Services. Additionally, if any individual becomes dangerous to himself/herself or others, or is incapable of caring for himself/herself, confidentiality will be broken in order to arrange for appropriate care.**

DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a counselor is not to make recommendations to the court concerning custody or parenting issues. By signing this disclosure statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation and you agree not to request that I 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 interest of the family's children.

Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary in compliance with Colorado law and HIPAA standards.

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INFORMATION REGARDING DR. CHRIS MILLER

Counseling Specialties

- | | |
|------------------------|--------------------------------------|
| Divorce Adjustment | Communication/Conflict Resolution |
| Families/Step Families | Adult Children of Alcoholics/Divorce |
| Men's Issues | Couple/Marriage counseling |
| Anger Management | Intimacy Problems |
| Abuse Survivors | Clergy/Church Issues |
| Addictions | Marriage/Affair Restoration |

Education

- **D.Min. Marriage and Family Counseling**, Denver Seminary, 1999
- **M.Div.** Denver Seminary, with honors, 1985
- **M.A. Secondary Education (Science)** University of Colorado, 1979
- **B.A. Biology (Anatomy and Physiology)**, University of Colorado, 1978
- **Ordained, Evangelical Presbyterian Church**, 1985
- **300 hours of clinical supervision** by Licensed Psychologists and AAMFT approved supervisors.

Dr. Miller is a registered psychotherapist in the state of Colorado with over 20,000 hours of client contact.

By *signing* below, I acknowledge I have read the preceding information, understand my rights as a client and received information regarding my counselor's credentials both in writing and verbally. I agree to counseling under these conditions.

Printed Name of Client(s)

Signature of Client(s) Date

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Client Contact Information for Messages and Written Correspondence

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information. (PHI). The individual is also provided the right to request confidential communications or that a communications of PHI be made to alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Redwood Counseling Services has permission to contact me at the following: (check all that apply)

- Home Telephone # _____
 - OK to leave a message with detailed information
 - OK to leave a message with other family members

- Cell Phone # _____
 - OK to leave a message with detailed information
 - OK to leave message with person answering

- Work Telephone # _____
 - Ok to leave a voicemail message with detailed information
 - OK to leave a message with _____

Written Communication

- OK to mail to my home address
- OK to email me at _____
- OK to fax to this number _____
- Other _____

Client Signature

Printed Name

Date

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CLIENT INFORMATION (For All Clients)			
Client Name (First, Middle Initial, Last)		<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		Birth Date	
Home Phone		Work Phone	
Occupation		City, State, Zip	
Who referred you to this practice		Cell Phone	
Have you seen our website? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Care Physician	
Any previous counseling? With whom?		General Health Status	
List all medications			

Emergency Contact		Relationship to Client	
Home Phone		Work Phone	
Responsible for Payment		Cell Phone	
Home Phone		Cell Phone	
Street Address		City, State, Zip	

IF MARRIED		
Spouse's Name (First, Middle Initial, Last)		Birth Date
Occupation		Cell Phone
Employer or School		Work Phone

IF A MINOR		
Mother's Name		Occupation
Street Address		Employer
Home Phone		City, State, Zip
Work Phone		Cell Phone
Father's Name		Occupation
Street Address		Employer
Home Phone		City, State, Zip
Work Phone		Cell Phone
Siblings (first and last names and ages)		

The above information is true to the best of my knowledge.	
<hr/> Patient/Guardian Signature	

** Payment due at time of service**

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CREDIT CARD AUTHORIZATION

Name on Card (cardholder)

Billing address for card



(circle one)

Credit Card Number _____ - _____ - _____ - _____

Exp. _____ - _____ 3-digit security code _____

- I understand that the above card will automatically be charged for a missed appointment, or an appointment not cancelled 48 hours in advance.
- I authorize Redwood Counseling Services LLC to continue to charge counseling services to this card.
- I understand that I may revoke this authorization at any time by written notification to Redwood Counseling Services LLC. This authorization will be in effect until the card's expiration date or until revoked by the cardholder, whichever comes first.
- I certify that I am the authorized signer for this card.

Signed,

Cardholder signature

Date

Phone number

Client Name

Relationship to cardholder
(self, child, spouse, friend)

Fee

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Christopher C. Miller, D.Min.

Telephone Contact Information Policy

- * Charges for telephone calls exceeding 10 minutes will be prorated based on the hourly counseling fee.
- * Dr. Miller is a registered psychotherapist (Colorado does not require licensure).
- * You may leave a message on Dr. Miller's confidential business voicemail at 303- 351-5153. He will seek to return calls within 24 hours on business days.
- * If it is necessary to speak with Dr. Miller on the day you call, please leave a message on his voicemail expressing that need. He will call you at the earliest time possible, which may be at the end of the business day.
- * If you are experiencing a life-threatening emergency, leave a message on his confidential 24-hour voicemail. He will return your call at his earliest convenience (which may be delayed if he is with clients). Unless otherwise previously arranged with him in your treatment plan, please use this number only for situations of an urgent nature.
 - Uncontrolled anxiety or panic attack
 - Escalating conflict that may lead to violent behavior.
 - Notification of police department.
 - Suicidal thoughts or plan.
 - Runaway
 - Symptoms preventing normal functioning.
 - Accidents involving physical injury.

***If you are experiencing a life-threatening emergency and Dr. Miller cannot be reached, go to your nearest hospital emergency room and call his emergency number from there.**

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Scheduling and Payment Policies

Please read the following and initial each item.

1. Standard counseling sessions are 50 minutes. Appointments can be made in session or by calling Dr. Miller at 303-351-5153.
2. Payment is due at the beginning of your counseling session.
3. Dr. Miller's fee is \$125.00 per session, with a \$5.00 discount for payment by check or cash. Longer sessions may be possible and they will be charged on a prorated basis of the normal hourly fee. There will be a \$25.00 charge for returned checks.
4. Redwood Counseling Services will maintain a credit card number to be used for payment (if you wish) or to be used to charge for a late cancellation/missed appointment.
5. The full session fee is charged for missed appointments and cancellations not made 48 hours in advance. Third parties will not be charged for the client's late cancellation or for not showing. Exceptions to this will be in case of severe weather, illness, or auto accident.
6. Dr. Miller is out of network for insurance companies; therefore, it is the client's responsibility to file with their insurance company for reimbursement. Redwood Counseling Services can provide paperwork for the client to use in submitting to insurance companies.
7. Fees for auxiliary services are pro-rated and charged at the regular hourly rate. This includes (but not limited to) written reports, insurance correspondence, phone calls exceeding 10 minutes, and court appearances (including travel).

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Marital Therapy Contract

Please read the following statements regarding Redwood Counseling Services Marital Therapy.

1. Couples Therapy starts with an assessment of the relationship past and present.
2. The clients understand the information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving partners.
3. The clients agree not to subpoena the therapist to testify for or against either party or to provide records in a court action.
4. By entering couples therapy, the clients understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, to reach our goals.
5. The clients accept that such changes can have both negative and positive effects and agree to clarify and evaluate potential effects of changes before we undertake them.
6. There will be times when the therapist may appear on either person's side but is reality on the side of the marriage.
7. Phone calls/emails between sessions should be used for making appointments, emergencies, or clarifying assignments only. Phone and/or email counseling cannot be provided.
8. If the relationship breaks up and either or both of the clients wish to re-contract with the counselor for individual counseling, the decision on who the counselor works with is at his/her discretion. In some situations, a referral will be made.
9. If the counselor sees either member of the couple for individual sessions or has contact between sessions with either member of the couple, the contents of those contacts will be brought up in the next session with both partners present. No secrets will be kept.
10. Since session time is limited to 50 minutes, the clients will try to be concise in presenting their thoughts and feelings.

We agree to the above guidelines.

Partner 1

Partner 2

Date

Date

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