



**ZENCO, INC**  
**Michael Zelman, LPC.**  
**Psychotherapist**

5310 DTC Parkway, Suite B  
Greenwood Village, CO 80111  
Phone: 720-351-1328

**CLIENT DATA SHEET**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Client Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Male

Female

Phone: \_\_\_\_\_

Okay to leave message?

Alt. Phone: \_\_\_\_\_

Okay to leave message?

E-mail: \_\_\_\_\_

**Marital Status:**

Single.

Married. How long? \_\_\_\_\_

Separated. How long? \_\_\_\_\_

Divorced. How long? \_\_\_\_\_

Widowed. How long? \_\_\_\_\_

Client's Employer \_\_\_\_\_

## DISCLOSURE STATEMENT

**Michael Zelman, LPC**  
**5310 DTE Parkway, Suite B Greenwood Village, CO 80111**  
**Office Phone 303-353-4903**  
**Licensed Professional Counselor CO. # 3520**

**DEGREES:** Bachelor of Science in Mechanical Engineering, 1975 University of Colorado, Boulder, Colorado  
Master of Arts in Agency Counseling, 1992 University of Northern Colorado, Greeley, Colorado

**PROFESSIONAL CERTIFICATIONS:**

National Certified Counselor, Cert. # 315064

### 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 (1560 Broadway, Suite 1350, Denver, CO 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 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 (CAC I) must be a high school graduate and complete required training hours 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 master's degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists and is not licensed or certified.

### CLIENT RIGHTS AND IMPORTANT INFORMATION

A client is entitled to receive information from the therapist about degrees and credentials, methods of therapy, techniques used, the possible duration of therapy and the fee structure. Please ask if you would like to receive more information. You may seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship such as ours, sexual intimacy is not appropriate and should be reported to the Department of Regulatory Agencies.

Information you provide during counseling is legally confidential and cannot be disclosed without the client's consent. There are several exceptions to confidentiality which include that I am required to 1) report suspected incident of child abuse or neglect to law enforcement; 2) report threat of imminent physical harm by a client to law enforcement and to the person/s threatened; 3) 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; 4) report any suspected threat to national security to federal officials; and 5) I may be required by Court Order to disclose treatment information.

Michael Zelman LPC likes to thank the professional person or organization that referred you. If you do not want Michael Zelman LPC to contact the referring person/organization, please indicate that by initialing this line. \_\_\_\_\_

Occasionally Michael Zelman LPC meets in consultation with other licensed therapists. When he judges it to be helpful to a client's therapy, he may discuss aspects of diagnosis and treatment with those professionals, making every reasonable effort to disguise identifying information about a client. Such professionals in this type of consultation are, like Michael Zelman, LPC, bound by confidentiality.

### DISCLOSURE REGARDING TREATMENT OF MINOR CHILDREN

Under Colorado law 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.

### DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing the Disclosure Statement on the preceding page, 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.

**GENERAL CONSENT FOR COUNSELING**

I have been informed of Michael Zelman's degrees, credentials, and license. I have read the preceding information and it has been presented to me verbally. I understand the disclosures that have been made to me. I agree to the policy described herein. I consent to begin counseling, including evaluation, treatment or referral. I agree to pay for counseling services including medical, psychological or psychiatric consultation fees, testing, and report charges, and all account balances as indicated in Michael Zelman's Financial Agreement.

I have also been informed that to reach Michael Zelman for ordinary concerns I may call his office number and he will try to return the call by the end of the next business day or before if possible. For urgent concerns I will leave a message at the office number as well as on the cell phone number indicated on the office number, knowing that Michael Zelman, LPC or the therapist on call for him will get back to me as soon as possible. In an unusual circumstance if I need assistance prior to reaching Michael Zelman, LPC or an on-call therapist, I will seek help by calling 911 or going to the nearest emergency room.

Michael Zelman, LPC complies with HIPAA standards. I hereby acknowledge being presented with the offer to receive Michael Zelman LPC Notice of Privacy Rights. A copy of this document has been given to me for my records.

X \_\_\_\_\_  
Client signature Today's Date

\_\_\_\_\_  
Client name (please print) Date of Birth Occupation

\_\_\_\_\_  
Client phone number(s) Client Address City State Zip

In case of emergency please contact: \_\_\_\_\_  
Name Relationship Phone Number  
\_\_\_\_\_  
Name Relationship Phone Number

Referral Source (How did you find me?) \_\_\_\_\_

**FINANCIAL STATEMENT**

Fees are based on a standard therapeutic hour, which is a 55-minute session. Payment is due at the time of service by cash, credit card or check. The standard fee is \$200 per session. When a session exceeds an hour, the fee for each additional 15 minutes will be 1/4 of the hourly fee. Each check returned because of insufficient funds will result in a charge to you of \$25 plus bank charges. Appointments which are not cancelled twenty-four hours in advance will be charged at the rate of \$200.00 to the client. Any balance not paid at the conclusion of treatment will be charged a rebilling fee of \$10.00 per month from the date of initial billing for any balance due unless a special arrangement has been agreed upon in writing.

You are responsible for determining if your health insurance covers psychotherapy. Mr. Zelman no longer works with insurance companies, .. you remain responsible for the charges. Michael Zelman can provide a monthly "Superbill" showing payments you have made if you request it. You are responsible for all fees at the time of session unless other arrangements have been made. It is your responsibility to submit all charges to your insurance company.

Any psychological or psychiatric consultation fees, testing, and report charge are listed on the page Table of Additional Fees. Any balance not paid at the conclusion of treatment will be assessed a service charge at the rate of 1.5% per month unless I make special arrangements with Michael Zelman LPC at the time of termination. **By signing this agreement, I am agreeing to this financial plan.**

\_\_\_\_\_  
Client Signature(s) (Date)

\_\_\_\_\_  
Therapist Initials (Date)

**ZENCO, INC**  
**Michael Zelman, LPC.**  
**Psychotherapist**

Pavilion Towers, Tower 1  
2851 South Parker Road, Suite 1040  
Aurora, CO 80014  
Phone: 303-353-4903 • Fax: 720-207-6205

**Schedule of Additional Fees**

Zenco, Inc. and Michael Zelman, LPC, appreciate your choosing Zenco, Inc. as a provider for your behavioral health care.

Zenco, Inc. understands the complexities and limitations of insurance policies and benefits. It is the responsibility of the individual to understand their benefit package. Zenco, Inc can provide you with a "Superbill" statement that you can submit to your insurance company, but this effort does not guarantee that you will be reimbursed by your insurance company.

You will be responsible for payment of services. Payment must be made in a timely manner.

It is a Zenco, Inc. policy that all payments are paid for at the time of service.

There is a fee of \$25 for a returned check.

There is an **\$200.00 fee for late cancellation or missed appointments** (cancelled less than 24 hours before scheduled appointment time). I authorize Michael Zelman/Zenco, Inc. to charge my credit card \$200.00 or cash my personal check for each time I miss an appointment cancelled less than 24 hours before my scheduled appointment time.

Zenco, Inc. will supply you with a statement for your secondary insurance when requested by you.

Private pay fees are \$200 per 55 minute session.

Additional fees will be assessed in connection with your therapy for the following:

Reports, telephone conversations in excess of 10 minutes to doctors, school counselors, teachers, other family members, etc. Check with your therapist for a complete list.

**Telephone calls:**

1-10 minutes	\$40.00
11-20 minutes	\$75.00
21-30 minutes	\$100.00
31-55 minutes	\$200.00
51 minutes and above	add \$10 for each additional minute.

**Reports:** From \$75 to \$750.00 depending on complexity.

**Court Appearance:** \$400.00 for travel time and 1 hour at court.  
\$200 per hour after the first hour.

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Signature

Date



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**Practice Policy and Procedures**

Just as we are dedicated to providing you with the best possible medical care, we are also committed to extending this same level of service to our business and financial policies. It is crucial that you understand these policies, especially in view of the ongoing changes in the health care industry. These changes may affect you in the services that are covered by your insurance carrier or in the services that are determined by insurance to be due and payable directly to you.

**Financial Responsibility**

I hereby accept responsibility for all charges incurred for treatment that is not covered by my insurance. I agree to responsible attorney and/or collection agency fees if my account is turned over to an attorney and/or collection agency for collection. I understand I must furnish a copy of my insurance card(s) and a valid ID or I will be responsible for payment of all charges.

**COLLECTIONS INFORMATION:**

Your insurance company will notify both you and our office with an EOB (explanation of benefits) if there is a balance due that is your responsibility. Balances over 30 days will incur a 2% interest charge per month. Accounts that have gone beyond 60 days will be considered delinquent and it will be in everyone's best interest to send this account to an outside collection agency. Your balance to them will also include a \$25 fee for their processing charge.

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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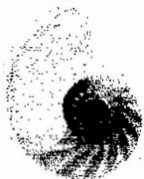
**Co-Payment Policy (if applicable)**

Per insurance laws and regulations, all patients are expected to pay their co-pay at the time of the office visit. Most insurance companies have co-payments, which is a flat fee per visit, and is a portion of the cost at the time the service is rendered. We will no longer bill for co-payments. In the event a bill is sent for the co-pay, an additional charge of \$15.00 to cover the cost of processing billing for you co-payment will be incurred. If you have any questions, comments or concerns, please contact the Office Manager.

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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A photocopy of this authorization shall be as valid as the original from the initial date of completion. This consent is valid until specifically revoked in writing.



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 Greenwood Village, CO 80111  
 Phone: 303-353-4903

**Patient Easy Pay Plan and Consent**

I, \_\_\_\_\_ authorize Zenco, Inc. and Mike Zelman, to charge my credit card for payments due including co-pays, deductible and all non-covered charges. I understand that timely payment for the above charges is my responsibility, based on my contract with my agreement herein with the office of Zenco, Inc.

I understand that I may ask for and will be provided a "Superbill" for submittal to my insurance company for reimbursement. This is my responsibility to submit.

**Automatic payment will be transferred to my credit card Per visit**

I understand that this form is valid unless I cancel the authorization by written notice to:

**Zenco, Inc., 5310 DTC Parkway, Suite B, Greenwood Village, CO 80111**

\_\_\_\_\_  
**Cardholders Signature**

\_\_\_\_\_  
**Date**

**Patient Name:** \_\_\_\_\_ **Contact phone number:** \_\_\_\_\_

**Cardholder Name (Please Print)**

**Cardholder Address (Please Print)**

**City, State, Zip (Please Print)**

**Visa**

**MasterCard**

**American Express**

**Discover**

**Credit Card #** \_\_\_\_\_ **Exp:** \_\_\_\_\_ **Security code:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**GROUND RULES FOR THERAPY-THERAPIST COPY**

While in therapy with Michael Zelman, I will abide by the following:

1. I will create value at each session.
2. I will determine my therapy goals prior to my second session and will submit them in writing at the second session.
3. I will keep all my appointments unless I have given Mr. Zelman 24 hours notice, either in person or on the phone.
4. I agree to pay \$200.00 for any missed session where 24 hours notice was not given or my co-pay if arranged in advance with Mr. Zelman. These may appear as charges to my account.
5. If at any time I wish to terminate therapy, I agree to announce my intention during one session and then return for one more session, after which therapy may end.
6. I understand and agree that Mr. Zelman will keep all my personal information confidential and that he may use my issue or solutions for others to grow by example.
7. I understand that in doing therapy I am choosing to make changes to my thinking and behaviors. I am ultimately responsible for my life and the changes I make.

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Client Signature

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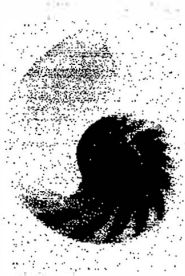
Date

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Therapist Signature

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Date



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### **GROUND RULES FOR THERAPY-CLIENT COPY**

While in therapy with Michael Zelman, I will abide by the following:

1. I will create value at each session.
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4. I agree to pay \$200.00 for any missed session where 24 hours notice was not given or my co-pay if arranged in advance with Mr. Zelman. These may appear as charges to my account.
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Client Signature

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Date

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Therapist Signature

---

Date



## OPTIONAL INTAKE QUESTIONNAIRE

What problem or issue would you like to change?

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How long has this been a problem?

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What is the first time that you remember this being an issue?

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Describe what happens hours or minutes before this event occurs.

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Describe your thoughts, feelings, and behaviors at the time of the event.

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Describe your thoughts, feelings, and behaviors after the event.

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Describe how your life would be, over the next few years, if you did nothing about this problem.

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If you could permanently fix this issue, what value would you place on that change?

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