



Disclosure Statement and Informed Consent for Behavioral Health Services

Please read this document carefully as it contains important information about professional services and business policies of Eagle Valley Behavioral Health ("EVBH"), Colorado Mountain Medical ("CMM"), and Vail Health Hospital ("VHH"). Each of the following entities is collectively and individually referred to throughout this document as "we", "our" or "us." When you sign this document, it represents an agreement between us and you, the patient or client, for professional behavioral health services.

I. More About Us

a. EVBH, CMM, and the Community Mental Health Center Relationship

EVBH was established in 2019 to lead the community in collaboration to ensure access to superior behavioral health services for everyone in Eagle County and the surrounding areas. In 2021, EVBH was designated by the Colorado Department of Human Services, Office of Behavioral Health ("OBH") as a Community Mental Health Center ("CMHC"). As a CMHC, EVBH provides community behavioral health services across a continuum of behavioral healthcare including services specific to prevention, education, integrated behavioral health, outpatient, intensive community stabilization, inpatient, crisis evaluation, emergency services, resource and referral navigation, and intensive case management. EVBH provides such services through EVBH mental health professionals and mental health professionals contracted by the following community partners:

- **Colorado Mountain Medical ("CMM")** - Integrated Behavioral Health, Outpatient Behavioral Health Services, Intensive Outpatient Behavioral Health Services
- **Vail Health Behavioral Health ("VHBH")** - Outpatient Behavioral Health Services, Intensive Outpatient Behavioral Health Services
- **Your Hope Center** - Crisis Co-Mobile Response Services, Intensive Community Stabilization Programming, School-Based Behavioral Health Services

You will receive behavioral health services from an EVBH mental health professional or a mental health professional(s) from one or more of the entities listed above.

b. Our Services

As a CMHC, EVBH offers the following services:

Psychiatric and Medication Management Services. Psychiatric and medication management services may include an initial evaluation of your need for psychotropic medications, the provision of a prescription, and/or ongoing medical monitoring related to use of the psychotropic medication by a qualified physician/prescriber. Medical services may include laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, provided under the general and special instructions of my physician or health professionals. Risks and benefits may vary based on your unique plan of care. Please discuss risk and benefits with your provider.

Behavioral Health Services. Behavioral Health services may include Care Coordination, Case Management, Psychological Screening, Psychological Assessment and Evaluation, Outpatient Therapy Services, or Intensive Outpatient Services. These services could involve you, your child, your partner, or in some instances, your entire family. These services could also involve a group of individuals who may have similar circumstances that would warrant engagement in a group therapy or group peer support service. Risks and benefits may vary based on your unique plan of care. Please discuss risk and benefits with your provider.



Case Management & Care Coordination Services. Case management and care coordination services may include connection to community resources, coordination of medical and behavioral health care, and support addressing social determinants of health that impact behavioral or medical health (e.g. finances, housing status, food security, etc.). These services could involve you, your child, your partner, or in some instances, your entire family. Risks and benefits may vary based on your unique plan of care. Please discuss risk and benefits with your case manager or care coordinator.

Telehealth Services. To better serve patients, we offer appointments and limited services via telehealth. Telehealth involves the use of secure electronic communications, information technology, or other means to enable a healthcare provider and a patient at different locations to communicate and share individual patient health information ("PHI") for the purpose of rendering clinical care (collectively "Transmitted Data"). **Addendum A** offers more information regarding the expected benefits, service limitations, security measures, and possible risks. By signing this document, you acknowledge you have received **Addendum A** and are consenting to potential participation in telehealth service. If you would like to decline participation in telehealth services, please select the box above the signature section declining telehealth services.

II. Mandatory Statement Regarding Mental Health Professionals in Colorado

The Colorado Department of Regulatory Agencies ("DORA") requires that all mental health professions inform you, the client, of the following information:

a. Regulation of Mental Health Professionals

DORA, Division of Professions and Occupations ("DOPO") has the general responsibility of regulating the practice of licensed psychologists, licensed clinical social workers ("LCSW"), licensed professional counselors ("LPC"), licensed marriage and family therapists ("LMFT"), licensed addiction counselors ("LAC"), certified addiction counselors ("CAC"), and unlicensed individuals who practice psychotherapy ("Psychotherapists").

The State Board of Marriage and Family Therapist Examiners regulates LMFTs, the Colorado State Board of Social Work Examiners regulates LCSWs, the Colorado State Board of Professional Counselor Examiners regulates LPCs, the Colorado State Board of Addiction Counselors regulates CACs and LACs, and the Colorado State Board of Unlicensed Psychotherapists regulates Psychotherapists (individually a "Board" and collectively the "Boards").

Each of these Boards can be reached at the following address, phone number, fax number, and email address:

1560 Broadway, Suite 1350
Denver, CO 80202
Phone: 303.894.7800
Fax: 303.894.7764
Email: DORA_MentalHealthBoard@state.co.us

The regulatory requirements applicable to the above mental health professionals follow:

- **Licensed Psychologist.** Must hold a doctorate degree in psychology and have one year of post-doctoral supervision.
- **Licensed Clinical Social Worker ("LCSW"); Licensed Marriage and Family Therapist ("LMFT"); and Licensed Professional Counselor ("LPC").** Must hold a master's degree in their profession and have two years post-master's supervision.
- **Certified Addiction Technician ("ACA" or "CAT" - previously known as CAC I)** - Must hold a high school diploma or GED and 1,000 hours of clinical supervised addiction work experience supervised by an ACC or ACD that cannot be completed in fewer than six months, passed a jurisprudence exam as determined by the Board, and passing of NCAC I Exam.



- **Certified Addiction Specialist (“ACC” or “CAS” - previously known as CAC II)** - Must hold a bachelor’s degree in behavioral health or related field, proof of passing the NCAC II Exam, 3,000 hours of clinical supervised addiction work experience supervised by an ACC or ACD that cannot be completed in fewer than twelve months, as well as additional coursework, and passed a jurisprudence exam as determined by the Board. This may include hours required for certification as an ACA. (Other qualified supervisor means a behavioral health professional with demonstrated competence equivalent to an ACD.)
- **Licensed Addiction Counselor (“LAC” or “ACD”)**. Must hold a master’s or doctorate degree in the behavioral health sciences, meet the CAS coursework requirements and 2,000 hours of clinical supervised addiction work experience and proof of passing the Master Addiction Counselor (“MAC”) Exam and the Colorado Jurisprudence Exam.
- **Unlicensed Psychotherapist.** An unlicensed 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.

b. Information About Your Provider

Your primary therapist will be assigned following intake to ensure your needs and goals align with your assigned provider’s specialty. Please note, the provider completing your intake may not be your assigned provider; however, the selection of your provider will be discussed with you and any preferences will be prioritized.

Information about your primary therapist, as well as information about all of the mental health professionals who provide services on our behalf, is set forth at **Addendum B**, attached hereto.

Additionally, your provider may be an unlicensed clinician or a clinician in training. EVBH participates in a doctoral level psychology internship program which is accredited by the American Psychological Association and thus held to rigorous standards and monitoring. All unlicensed and clinicians in training receive exemplary supervision. Each unlicensed clinician or a clinician in training receives at least 2 hours weekly of supervision with a licensed provider of their discipline which includes but is not limited to: support in case conceptualization, review of all treatment and service plans, and review and co-signature on all documentation. Should you have any questions regarding the state of your provider’s licensure or supervision please see **Addendum B** or contact the Director of Outpatient Behavioral Health.

III. Client Rights, Policies, and Important Information

a. Client Rights

- You are entitled to receive information about the methods of therapy, the techniques used, and recommended duration of treatment and the fee structure.
- You may seek a second opinion from another therapist or may terminate therapy at any time.
- Sexual intimacy between a therapist and a patient is never appropriate and should be reported to the appropriate Board referred to in the section above.
- The information provided by you to the providers listed above during therapy sessions is confidential, except as provided in Section 12-245-220 and except for certain legal exceptions that will be identified by your provider should any such situation arise during therapy.
- Your records may not be maintained after seven years pursuant to Section 12-245-226(1)(a)(II)(A).
- You are entitled to all of the rights and responsibilities set forth in the Patient Rights Policy attached at **Addendum C**.

b. Timeliness, Late Cancels and No-Shows



Late Starts. To maximize treatment effectiveness, showing up for an appointment 15 minutes late or more may be considered a no-show. One option is to transfer an appointment to telehealth if there is a barrier that impacts your ability to arrive at the appointment in a timely manner. If a transportation barrier is impacting engagement with behavioral health needs, please request a care navigator, as described in Section III.d below.

No Show/Cancellations. Missing an appointment without prior notice may result in a \$75 fee. However, we provide the option to move an in-person appointment to a telehealth appointment if there are last minute circumstances that impact your ability to physically attend an appointment in-person. Please note that most insurance companies will not pay for cancellation fees; as such you will be fully responsible for this fee. You will not be charged for an appointment that is canceled or altered more than 24 hours in advance. The foregoing does not apply to Medicaid patients.

c. Fees

We are dedicated to ensuring access to behavioral health services for all individuals who live and work in Eagle County and identify a financial need. If you have a financial need, please complete an application for Olivia's Fund, a behavioral health scholarship program designed to provide behavioral health services to those in need while partnering with care navigators to determine factors influencing access and affordability including Medicaid enrollment, insurance enrollment, and engagement with other services impacting total health. If you have a financial need, please notify our financial navigation team at BHFinancial@VailHealth.org or via phone at (970) 363-5309 as soon as possible to discuss.

You are entitled to receive information about our fee schedules. We accept insurance, cash, check, or credit card payment for services rendered. Payment is due at time of service. If you have insurance, you are responsible for copays and coinsurance, which is due at time of service. You are responsible for full payment of services if your insurance declines reimbursement. Individual coverage will vary based on your individual plan and it is your responsibility to confirm provider status, deductible, benefits, coverage, and limits. An estimate of the anticipated charges for service may be provided upon request. Insurance can be confusing. Our Financial Navigator can work with you to determine your specific level of coverage, benefits, and limits during the process of scheduling an appointment. To contact our financial navigator, please contact: BHFinancial@VailHealth.org or via phone at (970) 363-5309.

d. Financial Agreement

I assume full financial responsibility for and agree to pay all charges for the health care facility and of physicians rendering services. All charges are due and payable when billed. I understand financial counseling will be made available to me upon request. An estimate of the anticipated charges for services will be provided to me/the patient available upon request from EVBH. Initial estimates may vary significantly from the final charges based on a variety of factors, including but not limited to the course of treatment, intensity of care, health care provider preferences and the necessity of providing additional treatments and services.

I also understand that, as a courtesy to me, EVBH may submit the bill to my insurance company, but is not obligated to do so, in which case I must make other arrangements for the submission of the bill. I agree that except where prohibited by law or otherwise established in advance, the financial responsibility for the services rendered belongs to me, the undersigned patient. I agree to pay any services that are not covered, and covered charges not paid in full by my insurance company. This includes, but is not limited to, coinsurance, deductibles, non-covered benefits due to policy limits or policy exclusions as well as failure to comply with insurance plan requirements. I also agree that if EVBH must initiate collection efforts to recover amounts owed by me, in addition to amounts incurred for the services rendered I will pay, to the extent permitted by law: (a) any and all costs incurred by EVBH in pursuing collection, including, but not limited to, reasonable attorneys' fees, and (b) any court costs or other costs of litigation incurred by EVBH that applicable rules or statutes permit EVBH



to recover. If I am unable to pay my bill, I may seek assistance through EVBH's financial assistance program. However, patients who do not qualify under EVBH's financial assistance plan or other applicable policy are not relieved of their obligation to pay for EVBH services.

e. Preauthorization Requirements

I understand that it is my sole responsibility to comply with all requirements, including prior authorization, of any insurance or medical/hospital coverage plan that I am relying on for coverage of EVBH's hospital and Health Care Provider/physician charges.

f. Payment Credits Transfer

I authorize EVBH to apply any credit balance remaining after receiving payment from me for services rendered to any remaining amount owed by me to EVBH for other services rendered.

g. Assignment of Benefits and Claims

I assign or give my rights to EVBH, up to the amount of my medical expenses, any and all benefits, damages and settlements that I may be entitled to receive from health, homeowner's, business owner's, workers' compensation, rehabilitation and disability insurers. EVBH may, but does not have to, sue the responsible person to recover my healthcare expenses in my name or in the name of EVBH. I agree to help EVBH in any reasonable manner requested. I give to EVBH an irrevocable, limited, power of attorney to sign for me any release, consent, authorization or other document requested by an insurance company in order to pay EVBH. I wish to provide for the payment of my healthcare expenses in the event of my death and therefore, to the extent permitted by law, allow EVBH to name a Personal Representative to file and handle my estate, pay claims and other obligations, and make a claim for expenses against anybody that caused my injuries. EVBH may file a statutory lien for hospital services against any insurance available to pay my healthcare expenses in accordance with Colorado law.

h. Disclosure of Information

I allow EVBH and my Health Care Providers to give information from my records for treatment, payment and healthcare operations purposes (including healthcare exchanges) as written in EVBH's Notice of Privacy Practices and for my care when I leave EVBH and as required by law. I allow EVBH and my Health Care Providers to give information from my records to any provider involved in my care and to any party that may be responsible for payment of my EVBH bill, including insurance companies, financial aid programs, employers in workers' compensation matters (where I might have been hurt at work), guarantors and the person that caused my injuries and their lawyers and insurers. I understand this information may be shared electronically. I understand that once such information is disclosed, EVBH is not responsible for the re-disclosure of my information.

i. Care Navigator Services

We are dedicated to ensuring you are able to access your health care services and we want to support the reduction of any barriers that may impact your care. If you are experiencing a barrier that is impacting your ability to access care, such as a transportation need, a childcare need, food insecurity, etc., please inform us of this need at any point in your care process to receive a direct, barrier-free referral to a care navigator. This service can be engaged at any point of care. You can also directly request a navigator by emailing EVBH@VailHealth.org or calling (970) 422-3029.

j. Emergency Services

We provide non-emergency behavioral health services by scheduled appointment only. If you are experiencing a clinical emergency you have the following options: (i) call 911 or 988; (ii) contact Your Hope Center at (970) 306-4673; (iii) call the Colorado Crisis Support Line at (844) 493 - TALK (8255); or (iv) go to the nearest emergency



room. Your Hope Center responds to behavioral health emergencies that are routed through our local emergency dispatch system. You do not need to be in an active crisis to contact Your Hope Center. Your Hope Center provides a variety of 24/7 support options for those with an urgent or acute behavioral health need.

k. Child and Youth Behavioral Services

We allow a minor 12 years of age and older to consent for outpatient behavioral health services if the treating provider determines that: (i) the client is knowingly and voluntarily seeking such services and (ii) the provision of psychotherapy services is clinically indicated and necessary to the client's wellbeing. In instances where we provide services to a minor who is 12-15 years of age, the mental health professional providing services under Section 12-245-203.5, Colorado Revised Statute, may notify the minor's parent or legal guardian of the behavioral services given or needed, with the minor's consent, or, with the consent of the individual who a court has ordered holds the minor's therapeutic privilege, unless notifying the parent or legal guardian would be inappropriate or detrimental to the minor's care and treatment.

In instances where notification is not determined to be detrimental to minors' care, we must obtain parental or legal guardian consent for behavioral health services, including hospitalization, prior to treating a minor under the age of 15 years and for any release of information. In cases of divorce with shared or joint decision making, we will seek consent from both parents with legal decision making prior to or immediately following the intake session. Otherwise, we will seek consent from that individual who has been allocated decision-making responsibility from the court.

Youth between the ages of 15 and 17 are legally permitted to consent to receive behavioral health services, including voluntary hospitalization, without parental or guardian consent. We must contact the parents or legal guardians for a minor between 12 and 17, without his/her/their written consent, if the minor presents as a danger to self or others or essential medical care is necessary for parents or legal guardians to make informed medical decisions on behalf of the minor client. A minor who is receiving psychotherapy services communicates an intent to commit suicide, there is no longer a requirement under Colorado law to notify the minor's parent or legal guardian of suicidal ideation.

We will not become involved in separation or custody disputes or legal proceedings. There is an exception if a judge requires testimony and, in that instance, the therapist will communicate with you what information will be released.

l. Grievance and Complaint Process

You are encouraged, but not required, to resolve any complaints or grievances through our internal grievance process, as described in our Behavioral Health Patient Rights Policy at **Addendum C**.

IV. Confidentiality

We protect the confidentiality of all our patients in accordance with federal and state laws and regulations regarding privacy, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. 164 et. seq., as amended from time to time, 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records, and Colorado Revised Statutes (CRS 27-65-101 et. seq. & Standard CF.1 et. seq.). Generally speaking, the information provided by and to a client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are set forth in Section 12-245-220 of the Colorado Revised Statutes and the HIPAA Notice of Privacy Rights you were provided, as well as other exceptions in Colorado and Federal law. In general, the exceptions include a "threat of serious harm to yourself or others," as in the case of child abuse, elderly/at risk adult abuse, suicide, grave disability, under a court order, or in response to any legal action taken by you against this agency.

The confidentiality of Substance Use Disorder patient records is protected by Federal law 42 C.F.R. Part 2. Except in situations of an emergency or as required by law, EVBH may not disclose any Protected Health Information related to Substance Use Disorder treatment to anyone outside of EVBH without written patient



authorization. Federal law and regulations do not protect information regarding a crime or a threat to commit a crime or any information regarding suspected child abuse or neglect from being reported to appropriate State or local authorities.

V. Consent to Treatment

You acknowledge that your healthcare provider has explained: (i) the nature and purpose of the recommended treatment or procedure in terms that you understand and in a form of communication that you or your legal representative understand, (ii) the risks and benefits of a treatment or procedures, the probability of success, mortality risks, and serious side effects, (iii) the alternatives with the risks and benefits of these alternatives; (iv) the risks and benefits if no treatment is pursued; (v) the recuperative period and discussion of anticipated problems and (vi) that you, or your representative, are free to withdraw consent and to discontinue participation in the treatment regimen at any time.

VI. No Guarantee

You understand that no guarantee has been made regarding the outcome of your treatment or procedure and that the treatment or procedure may not cure your condition. You have been allowed to ask questions about the recommended treatment or procedure. In addition, you have read this form and / or it has been explained to you. You understand the risks and intend to move forward with behavioral health services.

VII. Patient Informed Consent

By signing below, you affirm that you have read and understand this document, agree to abide by its terms during your professional relationship with the provider above, and you consent to receive the services described herein.

By signing below I hereby acknowledge that I have received a copy of the provider’s Notice of Privacy Practices.

By signing below I hereby acknowledge that I have received a copy of the provider’s Financial Responsibility Agreement.

By signing below I hereby acknowledge that I have received a copy of the Telehealth Addendum.

By clicking this box I DECLINE participation in Telehealth services but consent to other services and the associated financial responsibility.

Patient or Authorized Representative Signature
(including minor who is 12 years of age or older)

Date

Printed Patient Name

NOTE: Changes or strike-outs must be initiated by both patient (patient representative) and provider.



Telehealth involves the use of secure electronic communications, information technology, or other means to enable a healthcare provider at one location, and a patient in another location to share individual patient clinical information for the purpose of consulting with, diagnosing, treating, prescribing and/or referring the patient to in-person care, as clinically appropriate. This **"Telehealth Informed Consent"** informs the patient ("**patient**," "**you**," or "**your**") concerning the treatment methods, risks, and limitations of using a telehealth platform.

Services Provided:

Telehealth services offered by Eagle Valley Behavioral Health ("**EVBH**"), and EVBH's providers and partners (the "**Provider**") will include a patient consultation, diagnosis, treatment recommendation, prescription, and/or referral to in-person care, as determined clinically appropriate (the "**Services**"). The Provider will be licensed in the state where you are located at the time of your consultation and will establish a clinician-patient relationship in accordance with the laws and rules in the applicable state. The types of transmissions that may occur using the telehealth platform include, but are not limited to: appointment scheduling; completing clinical intake forms; uploading of patient health records, images, diagnostic and/or lab test results via asynchronous communications; medical chart review; live two-way interactive audio with store-and-forward, live two-way interactive audio-video interaction between you and your provider; review of output data from medical devices and sound and video files; delivery of a consultation report; prescription recommendations; refill reminders; and/or other transmissions for the purpose of rendering clinical care to you.

Expected Benefits:

- Improved access to care by enabling you to remain in your preferred location while the Provider consults with you.
- More efficient care evaluation and management.
- Obtaining expertise of a behavioral health, or other specialist as appropriate.

Service Limitations:

- The inability to have direct, physical contact with the patient is a primary difference between telehealth and direct in-person service delivery. Accordingly, some clinical needs may not be appropriate for a telehealth visit and your Provider will make that determination.
- Our providers do not address urgent cases or medical emergencies. **If you are experiencing a medical emergency, dial 9-1-1 and/or go to the nearest urgent care center or emergency room.** After receiving urgent healthcare treatment, you should visit your primary care doctor.
- Our providers will utilize instant messaging through the telehealth application for assisting with technology needs at time of session. Providers will respond to emails as is clinically indicated within one business day and to voicemails or messages left through the Navigator within one business day, not including the weekend or holidays.
- Our providers are an addition to, and not a replacement for, your local primary care physician. Responsibility for your overall medical care should remain with your local primary care doctor, if you have one, and we strongly encourage you to locate one if you do not.
- Sessions are confidential therefore the patient should be in an environment free from interaction with other people and free from distractions.



- If you prefer in-office appointments, please call the Navigator to schedule.
- If you need non-emergent follow-up care related to your treatment, contact your provider by calling the Navigator who will take a message. Your provider will return your phone call within one business day. In the event of an inability to communicate as a result of a technological or equipment failure, please contact the Navigator at (970) 445-2489.
- **If you need emergent follow-up care related to your treatment, please do not attempt to contact CMM or your Provider and dial 9-1-1 and/or go to the nearest emergency room.**

Security Measures:

- The electronic communication systems we use will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Possible Risks:

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies.
- The quality of transmitted data may affect the quality of services provided by the provider. Changes in the environment and test conditions could be impossible to make during delivery of telehealth services.
- In rare events, our provider may determine that the transmitted information is of inadequate quality, thus necessitating a rescheduled telehealth consult or a meeting with your local primary care doctor.
- In very rare events, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare events, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By checking the box associated with "Informed Consent", you acknowledge that you understand and agree with the following:

1. I hereby consent to receiving EVBH's services via telehealth technologies. I understand that EVBH and its providers offer telehealth-based medical and behavioral health services, but that these services do not replace the relationship between me and my primary care physician. I also understand it is up to the EVBH provider to determine whether my specific clinical needs are appropriate for a telehealth encounter.
2. I have been given an opportunity to select a provider prior to the consult, including a review of the provider's credentials.
3. I understand that federal and state law requires health care providers to protect the privacy and the security of health information. I understand that EVBH will take steps to make sure my health information is not seen by anyone who should not see it. I understand that telehealth may involve electronic communication of my personal medical information to other health practitioners who may be located in other areas, including out of state.



4. I understand there is a risk of technical failures during the telehealth encounter beyond the control of EVBH. I agree to hold harmless EVBH for delays in evaluation or for information lost due to such technical failures.
5. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate use of the telehealth services at any time for any reason or for no reason. I understand that if I am experiencing a medical emergency, I will be directed to dial 9-1-1 immediately and the EVBH providers are not able to connect me directly to any local emergency services.
6. I understand that alternatives to telehealth consultation, such as in-person services are available to me, and in choosing to participate in a telehealth consultation, I understand that some parts of the services involving tests may be conducted by individuals at my location, or at a testing facility, at the direction of the EVBH provider (e.g., labs or bloodwork).
7. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
8. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Persons may be present during the consultation other than the EVBH provider in order to operate the telehealth technologies. I understand that I will be informed of their presence in the consultation and thus will have the right to request the following:
 - (1) omit specific details of my medical history/examination that are personally sensitive to me;
 - (2) ask non-medical personnel to leave the telehealth examination; and/or
 - (3) terminate the consultation at any time.
9. I understand that it is necessary to provide a complete and accurate medical history and will update my medical health records periodically, but no less than once a year.
10. I understand that I will not be prescribed any narcotics for pain, nor is there any guarantee that I will be given a prescription at all.
11. I understand that if I participate in a consultation, that I have the right to request a copy of my medical records, which will be provided to me at reasonable cost of preparation, shipping, and delivery.
12. I understand there is no guarantee that I will be treated by a EVBH provider. The providers reserve the right to deny care for potential misuse of Services or for any other reason if, in the professional judgment of the provider, the provision of the Service is not medically or ethically appropriate.
13. I understand that recording sessions is not permitted.
14. I understand that it is my responsibility to update the provider with my physical address and current telephone number to maintain contact in the event of technical error or emergency.



Licensed Providers

Amanda Parsons

429 Edwards Access Rd, Edwards, CO 81632
West Main Street, Suite 101 Frisco, CO 80443
(970) 445-2489
Licensed Clinical Social Worker (LCSW)

Benjamin Nissen

50 Buck Creek Rd. Avon, CO 81620
429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Doctor of Medicine (MD)

Blaine Lawson

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Licensed Professional Counselor (LPC)

Brandon Smith

0377 Sylvan Lake Rd, Eagle, CO 81631
429 Edwards Access Rd, Edwards, CO 8163
(970) 445-2489
Advanced Practice Nurse (APN)
Registered Nurse (RN)
Clinical Nurse Specialist (CNS)

Dawn Nichols

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Licensed Professional Counselor (LPC)

Elaine Sandler

50 Buck Creek Rd. Avon, CO 81620
429 Edwards Access Rd, Edwards, CO 8163
(970) 445-2489
Doctor of Medicine (MD)

Harlan Austin

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Doctor of Philosophy, Psychology (Ph.D)
Certified Mental Performance Coach (CMPC)
Master Addictions Counselor (MAC)

Joe Drew

50 Buck Creek Rd, Avon, CO 81620
429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Advanced Practice Nurse (APN)

Jose Elizalde

0377 Sylvan Lake Rd, Eagle, CO 81631
429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Licensed Clinical Social Worker (LCSW)

Juan Carlos Hernandez

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Licensed Professional Counselor (LPC)
Addiction Counselor Candidate (ADDC)
Nationally Certified Counselor (NCC)

Lisa Pringle

50 Buck Creek Rd, Avon, CO 81620
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(970) 445-2489
Licensed Professional Counselor (LPC)
Nationally Certified Counselor (NCC)
Nationally Certified Addiction Counselor Level II (NCAC-II)
Colorado Addiction Counselor (CAC)

Michelle Deutsch

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Licensed Professional Counselor (LPC)
Master of Education (MSEd)

Paige Baker-Braxton

50 Buck Creek Rd. Avon, CO 81620
429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489
Doctor of Psychology, Clinical Psychology (Psy.D)

Tracey Branch

429 Edwards Access Rd, Edwards, CO 81632
(970) 422-3029
Licensed Clinical Social Worker (LCSW)

Whitney Georges

50 Buck Creek Rd, Avon, 81620
(970) 445-2489
Registered Nurse (RN)



Supervised Providers (Students, Candidates, and Unlicensed Providers)

Rocio Andrade

429 Edwards Access Rd, Edwards, CO 81632
(970) 422-3029

Rocio Andrade has completed a Masters of Social Work degree from the University of Denver in 2021. Her clinical work at Vail Health Hospital and Vail Health Behavioral Health is directly supervised by Tracey Branch. Tracey is a LCSW in Colorado (License No. 09927615) and completed her Masters of Social work (MSW) at Walden University.

Kala Bettis, Licensed Addiction Counselor (LAC)

Licensed Professional Clinical Counselor (LPCC)
50 Buck Creek Rd, Avon CO 81620
(970) 363-5343

Credentials: Kala Bettis, MA, LSC, LAC, LPCC, is an integrated Behavioral Health Specialist and LAC. Kala received her Masters degrees in Clinical Mental Health and School Counseling from Adams State University. Kala is currently pursuing licensure as a LPC in the state of Colorado, complete in 2022. Her clinical work at Vail Health Hospital, Vail Health Behavioral Health and Colorado Mountain Medical is directly supervised by Dr. Paige Baker-Braxton. Dr. Baker-Braxton is a Licensed Psychologist in Colorado (License No 005416) and completed her Doctorate in Clinical Psychology (PsyD.) at Nova Southeastern University.

Dianna Bonilla, Bachelors of Arts, Public Health (BA)

429 Edwards Access Rd, Edwards, CO 81632
(970) 422-3029

Credentials: Diana Bonilla is currently a Masters of Social Work student, working towards her MSW degree at the University of Denver with anticipated graduation in June 2023. She completed a Bachelor of Arts in Public Health in 2016 from the University of Costa Rica. Her clinical work at Vail Health Hospital and Vail Health Behavioral Health is directly supervised by Tracey Branch. Tracey is a LCSW in Colorado (License No. 09927615) and completed her Masters of Social work (MSW) at Walden University.

Kirsten Cooper, Doctorate in Clinical Psychology, Psy.D.

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489

Credentials: Dr. Kirsten Cooper is currently a psychology licensure candidate, who completed her Psy.D. in Clinical Psychology from the University of Denver in August 2022 and her MA in Sport and Performance Psychology from the University of Denver in 2018. Dr. Cooper is a Certified Mental Performance Consultant through the Association for Applied Sport Psychology. Her clinical work at Vail Health Hospital, Vail Health Behavioral Health and Colorado Mountain Medical is directly supervised by Dr. Harlan Austin and Dr. Paige Baker-Braxton. Dr. Austin is a Licensed Psychologist in Colorado (License No. 0004247), a Certified Mental Performance Consultant (CMPC) through AASP, and a Licensed Addiction Counselor. He completed his Ph.D. in counseling psychology with a specialization in sport psychology at the University of North Texas. Dr. Baker-Braxton is a Licensed Psychologist in Colorado (License No. 005416) and completed her Doctorate in Clinical Psychology (PsyD.) at Nova Southeastern University.

Jacob Daheim, Master of Sciences (MA)

429 Edwards Access Rd, Edwards, CO 81632
(970) 445-2489

Credentials: Jacob Daheim, MA, he is currently a Ph.D. candidate, working towards his doctorate in Counseling Psychology from Texas Tech University in August 2023. He completed a Master of Arts in Psychology in 2019 from Texas Tech University. His clinical work at Vail Health Hospital, Vail Health Behavioral Health, Colorado Mountain Medical and Howard Head Sports Medicine is directly supervised by Dr. Harlan Austin and Dr. Paige Baker-Braxton. Dr. Austin is a Licensed Psychologist in Colorado (License No. 0004247), a Certified Mental Performance Consultant (CMPC) through AASP, and a LAC. He completed his Ph.D. in counseling psychology with a specialization in sport psychology at the University of North Texas. Dr. Baker-Braxton is a Licensed Psychologist in Colorado (License No. 005416) and completed her Doctorate in Clinical Psychology (PSYD) at Nova Southeastern University.

Megan Fox, Doctor of Philosophy, Psychology (Ph.D)

429 Edwards Access Rd, Edwards CO 81632
Edwards, CO 81632

(970) 445-2489

Credentials: Dr. Megan Fox is currently a psychology licensure candidate, who completed her Ph.D. in Clinical Psychology from Seattle Pacific University in August 2022. Her clinical work at Vail Health Hospital, Vail Health Behavioral Health and Colorado Mountain Medical is directly supervised by Dr. Harlan Austin and Dr. Paige Baker-Braxton. Dr. Austin is a Licensed Psychologist in Colorado (License No. 0004247), a Certified Mental Performance Consultant (CMPC) through AASP, and a Licensed Addiction Counselor. He completed his Ph.D. in counseling psychology with a specialization in sport psychology at the University of North Texas. Dr. Baker-Braxton is a Licensed Psychologist in Colorado (License No. 005416) and completed her Doctorate in Clinical Psychology (PsyD.) at Nova Southeastern University.

Nicolle Serrano, Master of Arts (MS)

429 Edwards Access Rd, Edwards, CO 81632

Credentials: Nicolle Serrano is currently a Psy.D. candidate, working towards her doctorate in Clinical Psychology from Albizu University, Miami Campus in August 2023. She completed her Master of Science in General Psychology (2020) from Albizu University, Miami Campus. Her clinical work at Vail Health Hospital, Vail Health Behavioral Health and Colorado Mountain Medical is directly supervised by Dr. Harlan Austin and Dr. Paige Baker-Braxton. Dr. Austin is a Licensed Psychologist in Colorado (License No. 0004247), a Certified Mental Performance Consultant (CMPC) through AASP, and a LAC. He completed his Ph.D. in counseling psychology with a specialization in sport psychology at the University of North Texas. Dr. Baker-Braxton is a Licensed Psychologist in Colorado (License No. 005416) and completed her Doctorate in Clinical Psychology (PsyD.) at Nova Southeastern University.

Gladys Villa, Licensed Social Worker (LSW)

429 Edwards Access Rd, Edwards CO 81632
(970) 422-3029

Credentials: Gladys Villa is currently a Licensed Social Worker and is working towards her hours to become a LCSW. She completed a Masters of Social Work from the University of Denver in 2021. Her clinical work at Vail Health Hospital and Vail Health Behavioral Health is directly supervised by Tracey Branch. Tracey is a LCSW in Colorado (License No. 09927615) and completed her Masters of Social work (MSW) at Walden University.



As a patient, you have certain rights and responsibilities. Our primary responsibility is to give you the best possible health care. We encourage you to understand, cooperate and participate in your health care. Your questions, comments and suggestions are welcome. We will make every effort to protect your rights as a patient.

Disclosure Statement and Informed Consent for Behavioral Health Services

Vail Health Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, sex or gender identity in its programs, services or activities or on any other basis prohibited by federal, state or local law. Our facility and all of its programs, services, and activities are accessible to and usable by individuals with disabilities, including persons who are deaf, hard of hearing or blind, or who have other sensory impairments.

YOU HAVE THE RIGHT ...

- To receive kind and respectful care, regardless of your personal values and beliefs, age, sex, race, color, religion, national origin, culture, language, disability, sex, sexual orientation, gender identity or payment source. No one will be denied examination for treatment for an emergency medical condition because of their ability to pay.
- To get complete, current information about your diagnosis, treatment and prognosis from your physician in terms you can understand.
- To know, by name, the physician responsible for your care and/or the physician providing procedures or treatments for you.
- To participate in decisions about your care, and to receive from your physician information necessary to give informed consent before the start of any procedure and/or treatment. Except in emergencies, information should include the specific procedure and/or treatment, the medically significant risks involved, the likely length of disability and medically significant alternatives.
- To refuse treatment to the extent permitted by law, and to be informed of the medical consequences if you do refuse treatment.
- To give or to withhold informed consent to produce or use other than their care.
- To be told if your care involves human research or experimental treatment and to refuse to participate in such projects.
- To name a decision-maker for the times when you may not be able to make decisions for yourself, to receive information about formulating or revising an Advance Directive and expect it to be followed when the care is medically appropriate, within the facility's capacity and relevant laws and regulations.
- To be told about pain and pain relief measures, and to participate in the development and implementation of a pain management plan.
- To be free from restraints that are not medically necessary.
- To express spiritual beliefs and cultural practices, as long as these do not harm others, interfere with treatment or interfere with hospital processes.
- To be involved in ethical questions that come up during your care and to ask for help from the Ethics Committee, which ethical questions may include refusing CPR, or other life prolonging actions, or stopping life-sustaining treatments, such as a breathing machine or feeding tube.
- To privacy and confidentiality about your care and medical records.
- To look at your medical records, request an amendment to them, and to have the information explained, except when restricted by law.
- To voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal formal grievance, you may get information about the patient grievance process from the Patient Advocate during weekdays or the house supervisor on evenings and weekends. You have the right to speak to an administrator regarding a complaint or grievance. Call the main hospital number (970-476-2451) and ask for the house supervisor or administrator on call. Colorado or other agencies without going through our internal grievance process.
- To request reasonable accommodation, auxiliary aids or services as needed for individuals with disabilities. Access features include: level access to the first floor with elevator access to other floors, fully accessible offices, restrooms, cafeteria, patient treatment areas, etc. Let the receptionist or nurse know if you require specific auxiliary aids or services. Complaints regarding discrimination should be directed to the Patient Advocate.
- To be free from abuse or harassment, and to access protective services, including guardianship and advocacy services, and child or adult protective services.
- To have a family member, or representative of your choice, hospital promptly upon request.
- To have a family member, friend or other individual (regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression) to be present for emotional support during the course of stay unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be your surrogate decision-maker or legally authorized representative.
- To receive information, at no cost, in a manner you understand including: language interpreters, translation and information written in other languages; and assistive and communication readers and written information in other formats (for example, audio, electronic, large print.)
- To an environment that is safe, secure, comfortable, preserves dignity and contributes to a positive self-image.
- To ask for help in setting up community and health services after discharge. Let your nurse know if you want to talk to our case managers/medical social workers.



YOU HAVE THE RESPONSIBILITY ...

- To provide information that facilitates your care, treatment and services.
- To ask questions or acknowledge when you do not understand the treatment course or care decisions.
- To follow instructions, policies, rules and regulations in place to support quality for patients and a safe environment for all individuals in the hospital.
- To support mutual consideration and respect by maintaining civil language and conduct in your interactions with staff and licensed independent practitioners.
- To meet financial obligation.

PATIENT GRIEVANCE PROCESS

We will do our best to address your patient care, patient rights and safety concerns. If, after working with your caregiver and department director, the resolution is not satisfactory, you may contact the patient advocate or hospital management. The house supervisor is available to assist you after hours and on weekends. Hospital management contacts include:

Vail Health Hospital

Hospital Management: 970-476-2451
Patient Advocate: 970-477-3121
TTY Phone: 711
Fax: 970-477-4200
Email: patient.advocate@vailhealth.org
Mailing Address: PO Box 40,000, Vail, CO 81658

You also have access to the state, federal and quality organizations listed below:

Colorado Department of Public Health and the Environment

Health Facilities Division
4300 Cherry Creek Drive South
Denver, CO 80222
CDPHE Complaints, 303-692-2827
cdphe.hfdintake@state.co.us

Department of Regulatory Agencies (DORA)

1560 Broadway, Suite 1350
Denver, CO 80202
Phone: 303-894-7855 Toll-Free: 800-886-7675
Fax: 303-894-7885
www.dora.colorado.gov

**Office for Civil Rights, Washington D.C.
(For HIPAA Privacy and Discrimination Issues)**

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019; 800-537-7697 (TDD)
Complaint forms: <http://www.hhs.gov/ocr/office/file/index.html>

Colorado Office of Behavioral Health

3824 West Princeton Circle
Denver, CO 80236
303-866-7400
www.colorado.gov/cdhs

The Joint Commission

At www.jointcommission.org, using the "Report a Patient Safety Event" link in the "Action Center" [see Figure 2] on the home page of the website
Fax: 630-792-5636
Office of Quality and Patient Safety, The Joint Commission,
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO)

Medicare beneficiaries have the rights to request a review by the state peer review organization, KEPRO, for quality of care, Medicare written Notice of Noncoverage, or premature discharge concerns. This can be arranged through our patient representative or one of our care managers.
KEPRO
5700 Lombardo Center Dr., Suite 100
Seven Hills, OH 44131
1-844-430-9504
TTY 1-855-843-4776
www.keproqio.com

Natural parents and/or legal guardians of babies and children have the same rights and responsibilities as other patients while we are providing care and treatment for a minor child unless otherwise restricted.