



## Leslie Hannon, Psy.D., LLC

Dr. Leslie Hannon, Clinical Psychologist  
80 Garden Center, Suite 320  
Broomfield, Colorado 80020  
(720) 560-4016

### Disclosure Statement

Service Provider:  
Leslie Hannon, Psy.D.

Education/Degrees:  
Doctorate in Clinical Psychology (University of Denver, 2008)  
Master of Arts, Clinical Psychology (University of Denver, 2006)  
Master of Arts, Forensic Psychology (University of Denver, 2004)  
Bachelor of Arts, Psychology (Syracuse University, 2000)

Registrations:  
Licensed Psychologist (CO #3493)

Department of Regulatory Agencies:  
The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addition counselors, and unlicensed individuals who practice psychotherapy. The agency within the Department that has the responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulator Agencies, Mental Health Section. You may contact them with the information provided below. On their web page, you may also verify my credentials or file a complaint under the section titled "General Information".

Department of Regulatory Agencies  
Mental Health Section  
1560 Broadway, Suite 1350  
Denver, Colorado 80202  
(303) 894-7766  
<http://www.dora.state.co.us/registrations/index.htm>.

As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), and a Licensed Professional Counselor (LPC) must hold a master's degree in their profession and have two years of post-masters supervision. A Licensed Psychologist (Psy.D., Ph.D.) must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker (LSW) 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 Addiction Counselor (CAC) I, must be a high school graduate, complete required training hours, and 1,000 hours of supervised work experience. A CAC II must complete additional required training hours and 2,000 hours of supervised work experience beyond that of a CAC I, totaling 3,000 hours of supervised work experience. A CAC III must have a bachelor's degree in behavioral health, complete additional required training hours, and 2,000 hours of supervised work experience beyond that of a CAC II, totaling 5,000 hours of supervised work 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, is not licensed or certified, and no degree, training, or experience is required.

**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 your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information.
- You can seek a second opinion from another therapist or terminate therapy at any time.
- In a professional relationship (such as ours), sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

**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 additional 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.

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, unless ordered by a presiding court official. At times, legal proceedings may result in an exception to confidentiality and any information that the client discloses willingly and publicly about their therapy will not be considered confidential. This section does not apply to covered entities, their business associates, or health oversight agencies, as each defined in the federal “Health Insurance Portability and Accountability Act of 1996,” as amended by the federal “Health Information Technology for Economic and Clinical Health Act” and the respective implementing regulations.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218) and include situations involving an assessment that the client is an imminent danger to self or others, or gravely disabled. Furthermore, if I suspect that someone is abusing or neglecting a child or elder, I am required by law to report it. These exceptions require that I contact appropriate persons such as family members, your psychiatrist/physician, law enforcement, social services, and/or the specific person you are threatening to harm (if applicable). Additionally, for individuals who are court ordered for treatment or evaluations and/or are under the supervision of probation, parole, or community corrections, the laws protecting confidentiality may not apply.

Confidentiality cannot be assured when utilizing cell phones, emails, or facsimiles (AKA “fax”) as modes of communication with me. Additionally, confidentiality cannot be assured when paying via Zelle or by credit card. By using these means of communication and/or payment methods, you are giving me permission to: 1. Contact you in a similar manner and 2. Be released from liability in any breach of confidentiality that may occur in these communication and payment processes. However, every effort will be made to ensure your confidentiality remains intact if communication occurs by these methods. By initialing here, you acknowledge you have read the preceding information, which has also been provided verbally, and you understand your rights as a client/patient. [redacted]

**Consent for Treatment:**

As the client, I have read the preceding information, understand my rights as a client and have been given the opportunity to ask any questions regarding the above statements. By initialing at the end of this paragraph and signing below, I acknowledge my understanding of, and agreement to, all of the information contained in this document and thereby, consent to treatment with Leslie Hannon, Psy.D., of Leslie Hannon, Psy.D., LLC. [redacted]

-or-

As the parent or legal guardian of a minor, I understand the rights as a client and have been given the opportunity to ask any questions regarding the above statements. By initialing at the end of this paragraph and signing below, I acknowledge my understanding of, and agreement to, all of the information contained in this document and thereby, consent the minor child to be treated by Leslie Hannon, Psy.D., of Leslie Hannon, Psy.D., LLC. [redacted]

\_\_\_\_\_  
Client Printed Name/Client Signature/Date

\_\_\_\_\_  
Leslie Hannon, Psy.D./ Date  
Licensed Clinical Psychologist

### **Financial Agreement**

Please review the rates for the following services. The rates listed below are based on a 45 to 50-minute clinical hour. Therapeutic sessions lasting over 50-minutes in length may be subject to additional service fees.

- Individual Therapy Sessions: \$180 per 45-50-minute session (Cash discounts are available)
- Psychological Testing and Assessment: To be determined during the initial consultation
- Phone/Video Sessions: \$180 per 45-50-minute session
- In addition to therapy sessions, please be aware that you will be charged a fee prorated at the hourly rate for work conducted between sessions. This includes, but is not limited to: phone conversations which exceed 10 minutes in length, filling out forms generated on your behalf, and creating and sending documentation also generated on your behalf such as letters or treatment summaries.
- Due to the complexity and difficulty of legal involvement, court involvement (including preparation, portal-to-portal time, and court attendance) is billed at a separate rate of \$500 per hour.

### **Forms of Payment & Payment Policies:**

I accept cash, checks, and all major credit cards as methods of payment. Clients will be responsible for payment at the time services are rendered. If circumstances arise during treatment which make it difficult for you to meet your payment obligations, please feel free to discuss available options with me. Be advised that failure to meet your payment obligations may result in termination of treatment services. In addition, account information may be submitted to a collection agency for any balances over 90 days past due. Any additional expenses incurred in the collection process will be your responsibility. [REDACTED]

### **No Surprise Act/Good Faith Estimate**

You have the right to receive a "Good Faith Estimate" explaining how much your medical care (psychological care) will cost. Under the law, health care providers need to give patients who don't have/not using insurance an estimate of the bill for medical items and services. Due to the nature of psychotherapy this can vary. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call the Colorado Division of Insurance at 303-894-7490.

### **Cancellation/Tardiness Policy:**

In the event you need to cancel an appointment, please provide me at least 24 hours' notice of your scheduled appointment time. If sufficient notice of a cancellation is not provided, or no notice is given at all, the standard service fee (\$180) will be assessed for that session and the fee will be charged to your credit card on file. Additionally, if you are late to a session, the standard fee for the entire session will apply. If Medicaid is your insurance provider, you will not be charged but you may be referred back to Medicaid after three late cancellations or no-shows. [REDACTED]

### **Insurance:**

This practice directly bills through several insurance plans; however, if this practice does not currently bill through your insurance plan, insurance-ready statements may be provided for you to initiate the reimbursement process. If you plan to use insurance, please note that it is your responsibility to determine whether you have a copay or if you are paying toward a deductible, as well as to determine what that payment would be. It is also your responsibility to pay for your appointment if your insurance company denies the claim, regardless of the reason. [REDACTED]

By signing below, I am indicating that I have read, understood, and agree to abide by the terms and conditions set forth in the Financial Agreement.

\_\_\_\_\_  
Client/Guardian Signature/ Date

\_\_\_\_\_  
Leslie Hannon, Psy.D./ Licensed Clinical Psychologist/ Date