



Therapy Solutions
Alisha L. Brosse, PhD · Licensed Psychologist

WHAT TO EXPECT: BIPOLAR DISORDER SKILLS THERAPY GROUP

When and How We Will Meet

This group meets weekly for 80 minutes. We meet virtually, via HIPAA-compliant video conferencing. The group is currently scheduled for **Thursdays, from 10:30 – 11:50am MT**. Any change in the meeting time will be announced with at least two (2) weeks' notice, or be made by unanimous consensus of all group members.

What We Will Do in Each Group Session

The goal of this group is to help you optimize your mood, functioning and quality of life. You will learn skills from research-based therapies for bipolar disorders, including psychoeducation, cognitive behavior therapy (CBT) and acceptance and commitment therapy (ACT). Each month we will emphasize one of the following: (1) behavioral strategies, (2) mindfulness and cognitive defusion, (3) CBT-based cognitive strategies, (4) acceptance and willingness strategies, (5) psychoeducation, or (6) sleep strategies for mood stability. You and your fellow group members will support each other in using these skills in your everyday life.

Each group session will include presentation of a skill and time for sharing and support.

Who is in the Group

This group is for adults who have in common the experience of living with a bipolar disorder (bipolar I disorder, bipolar II disorder, cyclothymic disorder, or bipolar disorder not elsewhere classified).

Participants may join the group at any time, though it may be ideal to start at the beginning of a month. There will be 5-8 group members, and 1-2 therapists, at a time.

There is no specific end date or length of time for you to be in group, except that we ask for a monthly commitment (see below). Please alert the group leaders in the third week of the month if you do not plan to continue the following month. This will allow us to screen potential new group members and optimize our resources to serve as many people as possible.

How We Will Figure Out if this Group is a Good Fit for You

You will meet with one of the group leaders for a screening interview prior to joining the group. This will include an assessment of your bipolar diagnosis, current mood state, and goals, as well as a review of your completed paperwork. Screening sessions are billed at \$210/50-minutes, pro-rated for the duration of the session. Typically they will be 25-50 minutes in duration, depending on how established your diagnosis is, how many questions you have about the group, and the like.

Please note that you must complete the group paperwork prior to the screening interview. Failure to do so will make the interview longer, or require us to reschedule, resulting in higher fees.

What and How You Will Pay

The cost is \$75 per group session. Group participants are required to pre-pay for each month on the first Wednesday of the month. We will charge your card after the last session of the prior month (unless you alert the therapists that you will not be continuing). Generally, you will be responsible for paying for every scheduled session in the month, even if you are unable to attend, since you are reserving a spot in the group. For example, in a month with four group sessions scheduled, you will be charged \$300. We will make exceptions as we are able. Please inform us of planned absences before we charge you for the month if you would like to request a fee waiver.

One-on-one sessions with the group therapists to support your group work are offered at the therapist’s normal hourly rate, generally between \$175-\$210 per 50-minute session, depending on the therapist.

You must self-pay; we do not accept insurance. It is up to you to determine if your insurance will reimburse you. We are happy to provide you with a monthly statement to submit to your insurance, if you request that we do so. **HOWEVER:**

If you have **Medicaid**, your contract with Medicaid prohibits you from paying for medical (including psychological) services. We cannot accept payment from Medicaid recipients. If, during your participation in group, you apply for Medicaid, please tell us immediately so we can find a good solution in a timely manner. *Initial here* to acknowledge that you currently do not have Medicaid, and that you understand that it is your responsibility to let us know if you obtain it: ←

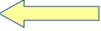
If you are insured by **Medicare**, you must affirm that you are voluntarily choosing to seek treatment with us by paying for services out-of-pocket at our customary rates. You agree not to bill Medicare for our services. If you have secondary insurance, it will not pay for services that have not already been billed to Medicare, and thus will not cover our services. You can seek treatment from therapists who do accept assignment on Medicare patients at a lower cost to you. *Initial here* to acknowledge your understanding of the above, and to affirm your intent to pay out of pocket for our services: ←

We process payments using a HIPAA-secure service called Ivy Pay. We will provide Ivy Pay with your mobile phone number. They will text you a link to a secure website where you will be prompted to enter your credit or debit card information and to authorize us to charge your card. Your card information will remain on file with Ivy Pay. Please *initial here* to give us permission to provide your phone number to Ivy Pay: ←

How We Will Communicate with You Outside of Group Sessions

Phone: We make most business calls from cellular telephones. If you are not comfortable with the level of privacy offered on cellular devices, please limit phone calls to non-sensitive matters.

Secure Messaging via Spruce Health: Spruce Health is a HIPAA-compliant communications platform with both phone and computer interfaces. When used on a smartphone, it mimics text messaging; on the computer, it feels like email. Certain types of files (pdf; jpeg; png) can be sent as attachments. We use Spruce Health to send meeting links, session summaries, and practice reminders. *Initial here* to give me permission to send you an invitation to join me on Spruce: ←

Text Messaging: For less-sensitive communications, such as scheduling issues, you are welcome to use text messaging with group therapists (though we prefer the security of Spruce Health). *Initial here* if we may send you text messages for routine matters (e.g., scheduling; meeting links): 

Electronic mail: **We generally do not use electronic mail** to communicate with – or about – patients. When email seems to be the best way for use to exchange information, Spruce Health provides a secure way to do the same. If there is a barrier to you using Spruce, and you would like us to have permission to use email to send you information (such as links for teletherapy sessions; web resources; handouts), please *initial here*:

Preferred email address: _____

How We Will Coordinate with Your Other Treatment Provider(s)

Most people in this group will have a medication prescriber and/or an individual/couple’s/family therapist(s). We believe that the best treatment program is a coordinated one. We would like your permission to speak with your other treatment providers. Please complete a separate “Authorization for Release/Request/Exchange of Information” form for each member of your treatment team with whom we may discuss your treatment.

What to Do if You Have a Mental Health Emergency

We do *not* provide 24-hour coverage, and may not be immediately available even during normal business hours. If you are experiencing a crisis, call the 24-hour Colorado Crisis and Support Line (844/493-8255), call 911, access one of your other treatment providers, or go to your local emergency room.

Please sign below to indicate that you have read the preceding information, have had an opportunity to ask questions, and understand what to expect in regards to the group format, content, and cost, as well as out-of-group communication and access to group therapists.

Patient Signature

Date

Printed Name (Printed)

PLEASE CONTINUE ON THE NEXT PAGE



Alisha L. Brosse, PhD · Licensed Psychologist

MANDATORY DISCLOSURE STATEMENT & PATIENT CONSENT

Mental health care professionals are required by law to provide certain information to each patient (or, in the case of minors, to their legal guardian) during the initial contact, except in emergencies and court ordered situations. Additionally, it is important that we clearly communicate to you our general office policies at the beginning of our working relationship. Please read this document carefully, and do not hesitate to ask me clarifying questions or to express any concerns you have. Please initial and sign as requested throughout the document.

1. **Therapists' names, credentials, and contact information:**

The group is facilitated by Alisha L. Brosse, PhD, a licensed psychologist (CO #2624; APIT #6848). She can be reached via mail at 56 Edwards Village Blvd, Suite 124-639, Edwards, CO 81632, and via telephone at 720/252-0611.

Dr. Brosse may at times have a co-therapist, generally someone she is training. This therapist may be a doctoral- or masters-level therapist. For any session facilitated by an unlicensed clinician, Dr. Brosse will be the clinical supervisor.

2. **Concerns or complaints:** The practice of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. If you have any concerns or complaints about mental health practitioners, you can contact the State Grievance Board at: 1560 Broadway, Suite 1340, Denver, CO 80202; telephone 303/894-7766. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's 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 Addiction Counselor I (CAC I) 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 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, is not licensed or certified, and no degree, training or experience is required.
3. **Confidentiality:** Any information that you provide during the course of evaluation or treatment is strictly confidential and legally protected "privileged communication." As such, we will not release information to any other person or agency without your consent and knowledge, except:

- a. If we are directed by a judge in a court of law to reveal information, we are obligated to comply.
- b. If we acquire knowledge or suspicion of current or future abuse of a child or dependent adult, we are legally required to report our knowledge or suspicion to the appropriate authorities.
- c. If we believe that you are an *imminent* danger to yourself, we are required by law to take action to protect you. This may include psychiatric hospitalization and/or notifying the police or a loved one of your circumstances.
- d. If we believe that you are a serious and imminent threat to another person, or to people at a particular location, we have a legal duty to warn that person and/or notify the police.
- e. If you fail to pay your bill and decline to make arrangements with us to pay an outstanding balance, we reserve the right to employ a collection agency.
- f. We may consult with other mental health professionals, without disclosing your identity, in order to provide you with the best possible care. Any individual with whom we consult will be a professional who is bound by the same laws of confidentiality that bind us.
- g. To protect public health, you or we may at some point become legally required to disclose that we have been in contact (for example, if either of us were to test positive for, or show signs of, COVID-19 infection). If we are legally compelled to disclose information, we will inform you and will only provide the minimum necessary information required by law (e.g., your name and the dates of our contact). We will not provide details about the reason(s) for our contact.

Initial here to indicate your understanding of when we need to break confidentiality: ←

Although the above policies regarding confidentiality only apply to therapists, in group settings there also is an explicit understanding and agreement of confidentiality among group participants. WE ASK THAT YOU MAINTAIN THE CONFIDENTIALITY OF YOUR FELLOW GROUP MEMBERS. You may talk with others about *your* experiences in group. Please do *not* talk about other group members in a way that could identify them, and do not share their personal, sensitive information with people outside of the group. Furthermore, please be sensitive to issues of confidentiality if you see a fellow group member in another setting. Of course, in group therapy it is impossible for us to guarantee that other group members will maintain your confidentiality, but we will do everything we can to create a culture that encourages mutual respect and regard for your privacy. *Initial here* to indicate your agreement to protect the confidentiality of all group members, and your understanding that we cannot absolutely guarantee that others will not violate yours: ←

4. Additional mandatory disclosure information:

- a. You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. *This information is provided in pages 1-2 of this document.* Please do not hesitate to ask questions about your treatment as they arise.
- b. You may seek a second opinion from another therapist or may terminate group therapy at any time. *(However, as described on pages 1-2, you will not be refunded if you choose to leave the group before the end of the pre-paid month.)*
- c. In a professional relationship, sexual intimacy is never appropriate and should be reported to the State Grievance Board.

By signing below you are indicating that you have read the preceding information, have had an opportunity to ask questions, and understand your rights as a group member.

Patient Signature

Date

Printed Name (Printed)

PLEASE CONTINUE ON THE NEXT PAGE



Therapy Solutions

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INFORMED CONSENT FOR GROUP TELETHERAPY

Psychotherapy may be delivered by telephone or videoconferencing (“teletherapy”). Teletherapy is especially useful when either a therapist or client cannot participate in face-to-face sessions because of issues related to transportation, health and safety, and/or mobility. Additionally, teletherapy is a vital resource for people without equivalent local resources. However, there are some risks and limitations specific to teletherapy. This document is intended to outline potential risks as well as general guidelines for teletherapy. It is up to each client-therapist team to determine if the likely benefits of teletherapy outweigh the potential risks. Please read the following carefully so that you can provide fully informed consent for engaging in teletherapy services.

- Teletherapy includes any single therapy session held by telephone or videoconferencing, even if most sessions are conducted in person.
- All participants should be in a quiet, private place with limited interruptions and distractions. This includes turning off “apps” and notifications on your electronic device(s).
- Ideally you will have the ability to take notes or to do exercises that involve closing your eyes or moving around (for example). *Please do not drive during sessions.*
- Subtleties of communication, such as tone of voice and nonverbal cues, may be compromised when communicating via telephone or videoconferencing. This may result in an increased need to clarify what we heard from each other, which could at times slow progress.
- It can be challenging to share, exchange, or sign documents when we are in different locations. We will discuss technologies that are available to us both (e.g., fax; Spruce Health), and use the most secure mode of document exchange possible.
- When communicating via telephone or internet videoconferencing there is a non-zero risk that your privacy and confidentiality will in some way be compromised.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- We will use HIPAA-compliant communication platforms whenever possible. Currently we use a HIPAA-secure version of Zoom for videoconferencing and Spruce Health for secure messaging.
- Another potential risk of teletherapy is service interruptions or technical difficulties that compromise the quality or productivity of a session.
 - We may need to end a teletherapy session if our connection is poor.
 - For videoconferencing sessions, please have available a telephone so you can switch to this mode of communication if necessary.
 - Have your device(s) plugged in or a charger within reach to minimize the risk of session interruption.
- The same confidentiality protections, limits to confidentiality, and rules around medical records apply to a teletherapy session as they would to an in-person session.
- If you previously consented to having sessions recorded, that consent extends to teletherapy sessions. Please do not record sessions yourself.
- We should know where you are physically located during each teletherapy session. This will allow us to alert your emergency contact or emergency personnel in the unlikely event that a

medical, psychiatric, or other emergency occurs during the session. Please tell the group therapist if you are somewhere other than the address we have on file for you.

- If at any time it is our professional opinion that teletherapy is insufficient to meet your needs we can stop offering teletherapy sessions and help you find other, more suitable services.
- All standard fees apply (including session, late cancel, and missed appointment fees).
- If technological difficulties on your end interfere with your ability to attend/complete a session, you still will be responsible for paying for the scheduled time.

Guidelines Specific to Group Teletherapy

- If your connection drops out, try to reconnect. If you cannot reconnect, text the group therapist(s) to let them know that you are unable to rejoin the group and that you are safe. This will help to settle us and your fellow group members if we are concerned about you.
- It is essential that you protect the privacy of your fellow group members. *Nobody else should be able to see the video screen or hear you or other group members talk.*

By signing below you are indicating that you have read the preceding information and have had an opportunity to ask questions. You understand that we are happy to try to help you locate in-person resources now or at any time in the course of our treatment should you decide that teletherapy is not sufficiently meeting your needs.

Patient Signature

Date

Printed Name (Printed)

PLEASE CONTINUE ON THE NEXT PAGE



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CONSENT FOR VIDEO RECORDING

At times there may be a group leader who is in training under the supervision of Dr. Brosse, either preparing for their doctoral degree in Clinical Psychology, or accumulating hours towards licensure. To further the training of our therapists, we ask your permission to record treatment sessions. Audio and video files will be used only for the purposes of supervision/consultation, and shared only with other co-therapists, all of whom are legally obligated to maintain confidentiality. *Consent to tape is required for participation in the group.*

This consent only gives the group therapists permission to record. No group member is permitted to audio or video record group sessions.

I understand the conditions described above and give the group therapists permission to record group therapy sessions.

Patient Signature

Date

Printed Name (Printed)

Emergency Contact

Please provide the name and telephone number(s) of a person we may contact if (a) there is a medical emergency during a therapy session or phone call; (b) we have reason to be acutely concerned for your safety; or, (c) you miss an appointment, fail to return phone calls, and we have reason to be concerned for your well-being. We will use this information very conservatively, always striving to protect your confidentiality.

Name: _____ Relation: _____

Phone 1: _____ Phone 2: _____

By signing below you are giving us consent to call the above-named person under the conditions described above, understanding that we may need to identify ourselves as one of your therapists.

Your Signature