



# Integrated Health Solutions

## Welcome to Healing Horizons Integrated Health Solutions BEHAVIORAL HEALTH CONSENT

Thank you for choosing Healing Horizons. We look forward to providing quality healthcare in order to assist you in achieving your health-related goals. In order to serve you as efficiently as possible, please answer all of the following questions and read and sign all forms. All information will be held in the strictest of confidence.

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M F Marital Status \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ If we may send you information, please provide your email \_\_\_\_\_

Children & Ages \_\_\_\_\_

Occupation \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Who referred you to Healing Horizons? \_\_\_\_\_ May we thank him/her? Y N

\*I voluntarily consent for Paula King, Ph.D., to provide services to me. Dr. King is a licensed psychologist and also holds a certification as an Interactive Imagery Guide from the Academy for Guided Imagery and a life coaching certification from the Hudson Institute. She has over twenty-five years of experience in a general psychology practice and ten years of experience as a Performance Specialist, working with athletes, CEO's, and many fine arts performers. She received her Ph.D. from Arizona State University and her Masters degree from Northern Arizona University.

\*State Law Disclosures:

The Colorado State Department of Regulatory Agencies regulates the field of psychotherapy for both licensed and unlicensed persons. State law requires that certain information be communicated to you in writing at your initial appointment:

1. You are entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known.
2. You may seek a second opinion from another therapist or may terminate therapy at any time.
3. In a professional relationship, sexual intimacy is never appropriate and should be reported to the grievance board.
4. Any questions, concerns, or complaints regarding the practice of mental health may be directed to:

Colorado State Grievance Board  
1560 Broadway, Suite 1340  
Denver, CO 80202  
(303) 894-7766

\*Healing Horizons Integrated Health Solutions is HIPAA (Health Insurance Portability and Accountability Act) compliant. A complete copy of HIPAA guidelines is available upon request.

\*At times you may wish to contact Healing Horizons via email, or vice versa, for communication which may contain protected health information. **Please initial for consent** \_\_\_\_\_

\*I understand that the following providers will be present at Healing Horizons collaborative care meetings in which my care may be discussed: *April Schulte-Barclay, DAOM, LAc; Joseph Ellerin, LAc, LMT, Dip.Hom, CST; Cynthia Laprocina, LAc, Dipl.Ac.; Paula King, PhD; Raven Grinstead, LMT; Mariel Steel, LMT; April Ordaz, LMT; Joe Heinecke, DC; Michael Hawthorne, DC; Danielle Yahn, RN.* I also understand that other methods of collaboration, such as confidential email and private electronic group communication, may be used to coordinate my care in accordance with HIPAA regulations. **Please initial for consent** \_\_\_\_\_

**\*I understand payment is due at the time of service and I agree to address any financial concerns with Healing Horizons prior to treatment. Healing Horizons gladly accepts cancellations up to 24 hours in advance without penalty. The first late cancel or missed appointment is without penalty. Subsequent late cancel or missed appointments will be charged 100% of the scheduled treatment.**  
**Please initial** \_\_\_\_\_

I have carefully read and I understand all of the above information. I am fully aware of what I am signing.

Signature (Patient/Parent/Guardian)

Date

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