



Lisa Goodwin LPC, LMHC, THTC 520 6th Street, Dacono Colorado, 80514. 239-246-3458
Email: LisaGoodwinLLC@gmail.com. Web: <https://www.lisagoodwinsunshinetherapyllc.com>

DISCLOSURE STATEMENT

This statement is being provided to you so that you are aware of your rights as my psychotherapy client. Please read this and discuss any questions or concerns you have before signing it.

About My Practice-

Lisa M Goodwin, 520 6th street , Dacono,
CO 80514, (239) 246-3458.

I have earned a Masters Degree in the field of Community Mental Health from Florida Gulf Coast University. I am a Licensed Professional Counselor (LPC) with the state of Colorado and a Licensed Mental Health Counselor (LMHC) with the state of Florida. My Colorado license number is #0012913. My Florida license # MH13914. I have earned a certificate as an Expert TeleMental health clinician recognized by the TeleMental Health Training Certificate (THTC).

My available office hours are on Monday, Tuesday, Wednesday, and Thursday
12-7 MST, 1-8 CST, 2-9 EST, 11-6 PST
Closed Friday-Sunday

Therapy Services and Fee Information:

Individual therapy- is \$125.00 for a 50-minute therapy session (Video session or In office session)

Couples Counseling- is \$150.00 for a 50-minute therapy session (Video session or In office session).

Emotional Service Animal Letter service -I will write an ESA letter for you if you qualify for one. The fee is \$140.00/year for ESA services. This is for dogs and cats. This includes the assessment, letter, and my support of the letter with follow up.

Psychiatric Service Animal Letter service - I will write a Psychiatric Service Dog letter for you if your dog and you qualify for one. The fee is 170.00/year for PSA services. This is for Dogs only. This includes the assessment, letter, and my support of the letter with follow up.

Additional fees - a flat fee of \$30.00 will be charged for any additional Housing forms at the time they are presented for completion.

*Meetings with auxiliary medical or legal consultants
either by phone or in person and report writing will be billed at my standard fee of \$300.00/hour

Missed appointments and cancellations:

If you are unable to keep an appointment, please notify me as soon as possible.

*** If you cancel or miss an appointment without giving me at least 24 hours notice, you will be billed \$100.00 for the missed session. When an appointment is saved in my schedule just for you other clients are not able to see me and this fee is to ensure that my schedule is respected.**

Payment is due at the time of services rendered. Payment before we meet is preferred.

Payment Methods- Ivypay, Zelle, check or cash. If checks are returned due to insufficient funds, a \$25 fee will be charged to you.

As a general policy, I request that clients pay me directly.

*If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, your account will be turned over to a collection agency, an attorney, or small claims court.

Telephone calls:

If you need to speak to me between regularly scheduled sessions, please leave a message and I will return your call as soon as



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possible. Telephone calls for the purpose of scheduling are expected and are not billed. I do not charge for brief conversations but any discussion that goes beyond 10 minutes or more than three ,10 minute discussions per week will be billed to you on a prorated basis. I am generally available between the hours of 12:00pm and 7pm, Monday through Thursday.(Colorado Time Zone) If an emergency arises after those hours, please call 911 or go to the nearest available emergency room.

Payment and Billing- "Good Faith Estimate"

Payment Is billed through a service exclusively for Licensed Therapists called Ivypay. Ivypay is HIPPA compliant, and provides you with my "Good Faith Estimate" required by law as of 1/1/2023. I will text you a bill and you receive the text on your phone. You open the link and complete the payment before we meet.

Lisa Goodwin's Sunshine Therapy is a Fee for Service/cash/credit only business. I am not Included In any health insurance network. I am Out of Network with any Insurance coverage.

Surprise/Balance Billing Disclosure Form

Surprise Billing – Know Your Rights

Beginning January 1, 2020, Colorado state law protects you* from "surprise billing," also known as "balance billing." These protections apply when:

- You receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado, and/or
- You unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado

What is surprise/balance billing, and when does it happen?

If you are seen by a health care provider or use services in a facility or agency that is not in your health insurance plan's provider network, sometimes referred to as "out-of-network," you may receive a bill for additional costs associated with that care. Out-of-network health care providers often bill you for the difference between what your insurer decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called "surprise" or "balance" billing.

When you CANNOT be balance-billed:

Emergency Services

If you are receiving emergency services, the most you can be billed for is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility where you receive emergency services and any providers that see you for emergency care.

Nonemergency Services at an In-Network or Out-of-Network Health Care Provider

The health care provider must tell you if you are at an out-of-network location or at an in-network location that is using out-of-network providers. They must also tell you what types of services that you will be using may be provided by any out- of-network provider.

You have the right to request that in-network providers perform all covered medical services.

However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available. In this case, the most you can be billed for covered services is your in-network cost-sharing amount, which are copayments, deductibles, and/or coinsurance.

These providers cannot balance bill you for additional costs.

Additional Protections

- Your insurer will pay out-of-network providers and facilities directly.
- Your insurer must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.

Your provider, facility, hospital, or agency must refund any amount you overpay within sixty days of being notified.



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No one, including a provider, hospital, or insurer can ask you to limit or give up these rights.

If you receive services from an out-of-network provider or facility or agency OTHER situation, you may still be balance billed, or you may be responsible for the entire bill. If you intentionally receive nonemergency services from an out-of-network provider or facility, you may also be balance billed.

If you want to file a complaint against your health care provider, you can submit an online complaint by visiting this website: https://www.colorado.gov/pacific/dora/DPO_File_Complaint. If you think you have received a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact the billing department, or the Colorado Division of Insurance at 303-894-7490 or 1-800-930-3745.

*This law does NOT apply to ALL Colorado health plans. It only applies if you have a "CO-DOI" on your health insurance ID card.

Please contact your health insurance plan at the number on your health insurance ID card or the Colorado Division of Insurance with questions.

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, license school psychologist practicing outside the school setting, and unlicensed individuals who practice psychotherapy. All questions and/or complaints should be addressed to: Department of Regulatory Agencies, Mental Health Section, Board of Psychologist Examiners, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Client rights and important information:

- Generally speaking, the information provided by and to you as the client during the therapy sessions is legally confidential. Since the information is legally confidential, I cannot be forced to disclose any of your information without your consent. Information disclosed to me 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.

- There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. Confidentiality may also be waived in the event of physical abuse and/or neglect of a child, including any past or present sexual contact with a minor. All therapists are required by law to report such instances to the Denver Dept of Social Services. Additionally, in the event of imminent danger to yourself or another person, I am required by law, to protect you, which may result in you being hospitalized, and I have a duty to warn anyone who may be in imminent danger as a result of your threats or frame of mind.

- 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 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 masters 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 bachelors degree in behavioral



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health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters 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.

- 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.
- In a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.
- You can seek a second opinion from another therapist or terminate therapy at any time.

Model Notice of Privacy Practices for HIPAA Covered Health Care Provider

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services

Our Uses and Disclosures



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We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information



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- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling [1-877-696-6775](tel:1-877-696-6775), or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:



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- Marketing purposes
- Most sharing of psychotherapy notes

*I DO NOT fundraise.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services-^{*} I DO NOT bill any companies for insurance coverage.

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues



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We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information

see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html



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- HIPAA NOTICE Updated 2/16/2026
- Lisa Goodwin's Sunshine Therapy LLC
- Lisa Goodwin LPC, LMHC, THTC, CCSP-ADHD
- "My Practice never markets or sell personal information."
- State of Colorado disclosures are included in this Practice information statement.
- "We will not share your mental health treatment records without your written consent unless it is for treatment or another law requires us to share the information."
- I do NOT provide patients with access to their health information using an online portal,

Content created by Office for Civil Rights (OCR)

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Telehealth Services

Includes: direct services, clinical education, care-coordination, consultation (conducted remotely)

"Tele" stands for from-a-distance

TeleMental health: mental health care provided to a client remotely. TeleMental Health is not a separate service from mental health services but it does require some additional competency.

History:

Mental health services have been provided remotely for a very long time. Even Sigmund Freud used postal mail.

Historically there was resistance to TeleMental health. Now the government supports TeleMental health via grants, utilization, reimbursement, and the creation of government agencies such as the Agency for the Advancement of

Telehealth. Technology has greatly improved, most health insurance plans reimburse for it, and professional associations and licensing boards provide guidance.

Research:

There are several studies that show that mental health services provided remotely are as effective as same-location sessions, that both clients and clinicians are satisfied with it, individuals are able to build rapport and communicate effectively when communicating via electronic means, and they stick with it at least as long as same-location sessions.

Potential Benefits and Drawbacks:

The benefits and drawbacks of TeleMental health depend on the individual situation and preferences of both the client and the clinician involved.

Some potential benefits include: convenience, overcoming barriers to access, learning and processing styles, less inhibition to reveal information or to connect, no travel, more clinicians to select from, group formation, consultations and care coordination opportunities, reduced risk of exposure to harmful bacteria or viruses, and increased privacy.

Some potential drawbacks include:

Possible lack of visual and/or audio cues, which may cause misunderstanding.

May have disruptions in the service and quality of the technology used.

May not be appropriate if the client is having a crisis, acute psychosis, or suicidal or homicidal thoughts.

When using secure chat or secure texting, there might be a delay in your clinician receiving your message or they might not ever receive it. Clients may become frustrated, anxious, ashamed, or angry with the use of technology. Clients may not have adequate technology available.

There can be interruptions and a lack of control over the quality of the internet, and messages may be misinterpreted.



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The client's site may not be safe, secure, or private.

*

I will need to prepare for our sessions by asking for verification of your ID, and the address that you will be participating from. I will make preparations to my emergency plans to accommodate our TeleHealth experience.

If our TeleHealth session experiences unforeseen technical difficulties like audio, video, WiFi, or bandwidth issues. I will immediately call you on your phone number listed, to complete our session.

Signing page

- Please read the preceding practice statement.
- Please sign this signature page digitally, or print it out, then sign it, before sending me a picture of the signed page.
- Please send me a picture of the signed last page before we start our TeleHealth Session.
Thank you.

I have read the preceding Client Rights, TeleHealth Disclosure, Good Faith Estimate disclosure, and HIPPA information, it has also been provided verbally, and I understand my rights as a client. I give Lisa Goodwin LPC, LMHC, THTC of Lisa Goodwin's Sunshine Therapy permission to treat me as her client.

By signing this page you are acknowledging receipt of the HIPAA policies .You are acknowledging receipt of my TeleHeath policies and disclosure statement. You are agreeing to participate in the TeleHeath policies described. You have been informed of my Good Faith Estimate policy thru Ilypay. You are acknowledging you have read and agree to my pricing statement. You are not required to sign this notice to receive treatment. Please verbally inform me if you elect to not sign the notice. If you have any questions or would like additional information, please feel free to ask me.

Client/Patient Signature/ Date



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Parent/Guardian Signature/ Date

Lisa M. Goodwin LPC, LMHC, THTC

Lisa M. Goodwin LPC, LMHC, THTC. / Date

"I Earned the TeleMental Health Training Certificate (THTC) through the completion of the comprehensive THTC program." 6/27/20

