



Smith
PSYCHOLOGICAL SERVICES
smithpsychologicalservices.com

Home Office
1401 Airport Pkwy, Suite
240 Cheyenne, WY 82001

Branch Office
1635 Foxtrail Dr.
Loveland, CO 80538

Tel: 307-632-7771
Fax: 307-632-9697

Consent

Identifying Information

Name: _____
Guardian Name(s) (if minor): _____
Ethnicity: _____ Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Alternate Phone: _____
SSN # _____ DOB: _____
Email Address: _____
Responsible Party Place of Employment: _____
Contact Number: _____

Primary Insurance

Insurance Company: _____
Insurance Policy #: _____ Group #: _____
Guarantor Name: _____ Guarantor's DOB: _____
Relationship to patient: _____
Place of Employment: _____ Contact Number: _____

I understand that it is my responsibility to obtain any prior authorization that may be required by my insurance carrier and provide the details of said authorization to Smith Psychological Services. I further agree that charges incurred regardless of insurance coverage are my responsibility and subject to insurance plan benefits and limitations. Initial _____

I acknowledge the receipt of the **Notice of Privacy Practices** for my review and I read and consent to the Notice of Privacy Practices? Initial _____

I acknowledge the receipt of the **Notice of No-Show & Late Cancellation Policy** for my review. Initial _____

I have read and consent to the **Telemedicine Consent** form provided. Initial _____

I have read and consent to the **Supervision Disclosure Statement** provided. Initial _____

Do you consent to email communication, recognizing that email is not HIPAA protected? ☐ Yes ☐ No

May we phone you to confirm appointments? ☐ Yes ☐ No

May we leave a voicemail message?

Primary Phone
Alternate Phone

☐ Yes
☐ Yes

☐ No
☐ No

May we send you information via mail? ☐ Yes ☐ No

I have read, understood, and agree with the consent form and the conditions stated above.

Signature _____

Date _____



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SUPERVISION DISCLOSURE STATEMENT

Some clinical services provided at this clinic are delivered by clinicians, trainees, or support staff who are practicing under the supervision of Shaina Smith, PhD, a licensed psychologist. Supervision is conducted in accordance with applicable state laws, professional standards, and ethical guidelines.

Shaina Smith, PhD
Licensed Psychologist
License Numbers: WY 694 ; CO PSY.0005177 ; MT 5429 ; AK 191664 ; PsyPact 21003

The following individuals are currently practicing under the supervision of Dr. Smith:

- Kaitlin Dent, M.S.Ed., M.Phil.Ed.
- Sadonia Garner, MS
- Jessica Lewis, MS
- Stephanie White, M.Ed., LPCC, NCC
- Kaydei Murphy, AA (Psychology), Psychometrician

IMPORTANT INFORMATION REGARDING SUPERVISION

a. I understand that the provider I am seeing is practicing under supervision and that Shaina Smith, PhD maintains clinical oversight and professional responsibility for the services provided.

b. I understand that my case may be discussed with the supervisor and/or supervision team for the purposes of consultation, training, and ensuring quality of care. These discussions are conducted in a professional and confidential manner that are consistent with HIPAA requirements.

c. I understand that sessions may be observed or recorded when clinically appropriate and/or required for supervision or training purposes. Any recordings will be stored securely and erased after supervision and training requirements are met.

d. I understand that I may ask questions at any time regarding supervision, my provider's credentials, or the role of the supervising psychologist, and have access to the supervising psychologist at my request within an appropriate timeframe.

e. I understand that I have the right to request services from a different provider or to discontinue services at any time, consistent with clinical policies.

REGULATION OF PSYCHOLOGICAL SERVICES AND COMPLAINTS

The practice of psychology and related mental health services is regulated by state licensing boards. If you have a concern or wish to file a complaint regarding the services you receive, you may contact the appropriate regulatory agency based on the state in which services are provided.

Wyoming:

Wyoming Board of Psychology
2001 Capitol Ave
Cheyenne, WY 82001
Phone: (307) 777-7788

Colorado:

Department of Regulatory Agencies
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202