

Information for Clients

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to accomplish together.

This brochure discusses the following topics:

- The risks and benefits of therapy.
- The goals of therapy, and my methods of treatment.
- How long therapy might take.
- The cost of my services and how I handle money matters.
- Other important aspects of our relationship.

After you read this brochure, we can discuss, in person how these issues apply to your own situation. This brochure is yours to keep and to refer to later. Please read all of it and mark any parts that are not clear to you. Note any questions you think of, and we will discuss them at our next meeting.

When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we can each have one.

About Psychotherapy

Because you will be investing time, money, and energy into therapy, you should choose a therapist carefully. I strongly believe that you should feel comfortable with the therapist you select, and about the therapy itself. When you feel this way, therapy is more likely to be helpful to you. Let me describe my approach to therapy.

The type of therapy I do is based on an integrative theoretical model. I incorporate therapeutic techniques from varied psychological theoretical orientations. Central to my work with clients is collaboration. I believe that we can do our best work together if we come to a joint understanding of challenges, and helpful ways to work on them. In this process we will discuss fully what brought you in to see me; explore your history and background; talk about all areas of your life (especially when, in what settings, and with whom you experience difficulty) and discuss anything else that is important, so I can fully understand your situation and help you grow.

By the end of our first or second session, we come to a general understanding of what we are working on and how we want to proceed. This process involves partnership. You define the areas to be worked on and I contribute my knowledge and training to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor. It requires you to be very actively involved.

I expect us to plan our work together. In our treatment plan we will decide areas to work on, our goals, methods we will use, and time and money commitments we will make. I expect us to agree on a plan that we both work hard to follow. From time to time we will review our progress and revisit our goals. If we think we need to, we can then change our treatment plan, goals, and our methods.

An important part of your therapy will be practicing new skills and developing insights that you learn in our sessions. I will ask you to practice outside of our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, keep records, or do other tasks to deepen your learning. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal growth. Change will sometimes be quick and easy, but more often it can be slow and frustrating, and you will need to keep working. There are no instant, painless cures and no “magic pills.” However, you *can* learn new ways of thinking, feeling, and reacting and deepen your self-knowledge in a helpful way. The support and encouragement of a therapist is often very useful in this growth process.

Most of my clients see me once a week for 3 to 4 months. After that, we meet less often for several more months. Therapy then sometimes comes to an end. However, this process is unique to each individual and meeting frequency and duration can vary depending on long-term and short-term goals.

The process of ending therapy is called “termination” and it can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end if we feel it is in your best interest. If you wish to stop therapy at any time, I ask that you agree to meet for at least one session to review our work together. We will review the work we have done together and discuss any future goals. Sometimes people feel ready to take a “time out” from therapy and try things on their own. If at any time you feel like taking a break, please don’t hesitate to discuss your thoughts with me. We can often make such a “time out” be more helpful by discussing and planning for it first.

Benefits and Risks of Therapy

As with any powerful treatment, there are benefits and risks involved with therapy. It is important to think about both the benefits and risks when making any treatment decisions. In therapy there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as disturbed or even dangerous. Also in therapy, major life decisions are sometimes made, including decisions involving separations within families, development of other types of relationships, changing employment settings, and changing life-styles. These decisions are a legitimate outcome of the therapy experience and often result from an individual calling into question many of their beliefs and values. As your therapist, I am available to discuss any of your assumptions, problems, or possible negative side effects in our work together.

While you consider these risks, you should also know that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved, or the problems are solved. Clients’ relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions - as individuals, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment that I cannot provide I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems I may recommend a medical exam or the use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with them and with your own medical doctor.

If for some reason is not going well, I might suggest that you see another therapist or another professional in addition to me. As a responsible person and ethical therapist, I cannot continue to treat you if my treatment is not working for you. If you wish for another professional's opinion at any time, or wish to talk with another therapist, I will help you find a qualified person and will provide him or her with the information needed.

What to Expect From Our Relationship.

As a profession I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interest, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits so that you will not think they are personal responses to you.

First, I am trained to practice Psychology - not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints. Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is private). You can trust me not to tell anyone else what you tell me, except in certain limited situations. I explain what those are in the "About Confidentiality" section of this brochure. Here I want to explain that I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

Third, in your best interest, and following the APA's standards, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

About Confidentiality

I will treat with great care all of the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me. In all but a few rare situations, your confidentiality (your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is *not protected*:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have the right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

There are three situations in which I might talk about part of your case with another therapist. I ask now for your understanding and agreement to let me do so in these three situations.

First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies, therefore he or she needs to know about you. Of course, this therapist is bound by the same laws and rules as I am to protect your confidentiality.

Second, I occasionally consult with other therapists or other professionals about my clients. This helps me in providing high quality treatment. These persons are also required to keep your information private. Your name will never be given to them and they will be told only as much as they need to know to understand your situation.

Third, as I continue to work towards licensure as a psychologist, state law requires that I maintain a supervisory relationship with a licensed psychologist. My supervisor, Alisa Shanks, PhD., will provide periodic consultation about your case for my ongoing training purposes. As a licensed psychologist, she is bound by the same rules of confidentiality that apply to me.

Except in the situations that I have listed above, my office staff and I will always maintain your privacy. I also ask you not to disclose the name or identify of any other client being seen in this office.

My office staff makes every effort to keep the names and records of clients private. My staff and I will never use your name on the telephone, if clients in the office can overhear it. All staff members who see your records have been trained in how to keep records confidential.

If your records need to be seen by another professional, or anyone else, I will discuss it with you. If you agree to share these records, you will need to sign a release form. His form states exactly what information is to be shared, with whom, and why, and it also sets time limits. You may read this form at any time. If you have any questions, please ask me.

It is my office policy to destroy clients’ records 15 years after the end of therapy. Until then, I will keep your case records in a safe place. If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to my transferring your records to another therapist who will assure their confidentiality, preservations, and appropriate access.

If we do family or couples therapy (where there is more than one client), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release.

You can review your own records in my files at any time. You may add to them or correct them, and you can have copies of them. I ask you to understand that you may not examine records created by anyone else and sent to me

In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that information would be harmful to you, but I will discuss this with you.

My Background

I am a psychologist candidate with 5 years of experience working with adolescents and adults in a variety of clinical and educational settings. I have a private practice office for the general practice of psychotherapy. I am trained and experienced in doing one on one, couple, and group therapy. I hold the following qualifications:

- I have a master's degree in education and counseling psychology.
- I have a doctoral degree in clinical psychology from Argosy University/Honolulu, whose program is approved by the American Psychological Association (APA).
- I completed an internship in clinical psychology, approved by the APA
- I am a member of the APA.
- I am currently working towards licensure as a psychologist in the state of Colorado.

As I work towards licensure, I am currently being supervised by a licensed clinical psychologist. Her contact information is as follows:

Alisa Shanks, Ph.D.

Phone: (303) 522-2934

P.O. Box 7043 Broomfield, CO 80021

About Our Appointment

The first time I meet with you, we will need to give each other quite a bit of basic information. For this reason, I usually schedule 1-2 hours for this first meeting. Following this, we will usually meet for a 55-minute session (individual therapy) or 85- minute session (couples therapy) once or twice a week, then less often. We can schedule meetings for both of our convenience. I will tell you in advance of my vacations and or other times that we cannot meet. Please ask about my schedule in making you own plans.

An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask for your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions, if you can possibly help it. When you must cancel, please give me at least 48 hours (2 days) notice. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know well in advance. If you do not call to cancel and do not attend your scheduled session, I will have to charge you for the lost time.

Fees Payments and Billings

I accept fee for service payments in the form of cash, check or Visa/Mastercard. My current regular fees are as follows. You will be given advance notice if my fees should change.

Regular therapy services: For a session of 55 minutes, the fee is \$100 dollars. For an 85 minute session the fee is \$150 dollars. Sliding scale fees are also available and we can discuss this at our first session. At the end of each month, I will send you a statement. It will reflect all of our meetings, the charges for each, how much has been paid and how much is still owed. Additionally, I will send you a final statement for you tax records.

Telephone consultations: I believe that telephone consultation may be suitable or even needed at times in our therapy. If so, I will charge you our regular fee, prorated over the time needed. If I need to have long telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. If you are concerned about this, please be sure to discuss your concerns with me in advance so that we can set a policy that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Extended sessions: Occasionally, it may be better to go with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, I will tell you, because sessions that extend beyond 10 minutes will be charged on a prorated basis.

Other services: Other services such as hospital visits, home visits, or any court related service (such as consultation with lawyers, depositions or courtroom proceedings) will be based on time involved in providing the service at my regular fee schedule.

Insurance: I do not work directly with insurance companies or accept direct payment from insurance companies. Depending on your individual insurance plan, you may receive partial reimbursement for session attended. In this case, you may submit the monthly statement of your fees paid and services received from me to your insurance company for partial reimbursement. I can make no guarantee of this reimbursement, but am happy to provide required information for reimbursement on your monthly statement.

Agreements: I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work well and hard.

I will assume that the agreed upon fee-paying relationship will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before you end the relationship.

If you think you may have trouble paying your bill on time, please discuss this with me. Accommodations may be made if your financial circumstances change. If your unpaid balance exceeds \$800, I will notify you by mail. If it remains unpaid, I will have to stop therapy with you.

If You Need To Contact Me

I cannot promise that I will be available at all times. Although, I am in the office Monday through Friday from 10:00am to 7:00pm and on Saturdays from 10:00am to 2:00pm, I usually do not take calls while I am with a client. You can always leave a message on my voice mail, and I will return your call as soon as I can. Generally, I will return messages daily except on Sundays and holidays. If you have an emergency or crisis, and cannot reach me by telephone, you or your family should call The Mental Health Center of Boulder County (303) 447-1655 or Boulder Community Hospital’s TLC line at (303) 441-0400 or report to the Boulder Community Hospital emergency room.

If I Need To Contact Someone About You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you – perhaps a relative, spouse or close friend. I am also required to contact this person or the authorities if I become concerned about you harming someone else. Please write down the name and information of your chosen contact person in the blanks provided.

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

Statement of Principals and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) and by those of my state. Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me at once. Our work together will be slower and harder if your concerns with me are not worked out. I will make every effort to hear any concerns you have and to seek solutions to them. If you feel that I, or any other therapist, has treated you unfairly or has even broken a professional rule, please tell me. You can also contact the (Department of Regulatory Agencies), the organization that regulates both licensed and unlicensed persons in the practice of psychotherapy. Concerns or complaints regarding the practice of psychotherapy may be directed to:

Department of Regulatory Agencies
Mental Health Section 1370, Denver CO, 80202

Phone: (303) 894 7766

In my practice as a therapist I do not discriminate against clients because of any of these factors: age, sex, marital/family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, sexual orientation, or criminal record unrelated to present dangerousness. This is a personal commitment as well as being required by federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial/ethnic/cultural diversity. If you believe that you have been discriminated against please bring this matter to my attention immediately.

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed the agreement; it does not indicate that I am waiving any of my rights. I understand that I can discuss my concerns with you, the therapist, before I start formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subject discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy.

I understand that no specific promises have been made by this therapist about the results of treatment, the effectiveness of the treatments used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability as shown by my signature here.

Signature of client (or person acting for the client)

Date

Printed name

Relationship to Client

Self Parent Legal guardian

I, the therapist, have met with this client and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe that this person is fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

Date

Copy accepted by client

Copy kept by therapist

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.