

Beth O'Brien, Ph.D., Licensed Psychologist
211 W Myrtle Street, Suite 102
Fort Collins, Colorado 80526

CLIENT INFORMATION AND CONSENT TO TREATMENT

EDUCATION AND TRAINING

I received my Ph.D. in Counseling Psychology from the University of Maryland in 1991 and completed an APA approved internship at George Washington University in Washington, D.C. I am licensed as a psychologist by the Colorado State Board of Examiners.

OFFICE POLICIES AND PROCEDURES

Scheduling and Cancellation Information: Individual counseling sessions last from 45-55 minutes, depending on your insurance coverage. I will do my best to begin and end sessions on time. Since emergencies sometimes occur, however, I may occasionally need to reschedule an appointment.

Please give me a minimum of 48 hours/two day's notice if you will be unable to keep your appointment. If no notice is given or you do not give me 48 hours/two business day's notice, you will be charged \$75 for the session. If you are sick and cannot make your appointment, please give me as much notice as possible.

Emergencies: Although I make every effort to be available to my clients for urgent matters, I may not be able to respond immediately. If you anticipate needing contact with me outside of our regularly scheduled appointment, please discuss this with me ahead of time. In case of a life-threatening crisis, you should go to the nearest hospital emergency room, or call 911.

Messages: I can be reached at (970) 491-9689. If I am unable to answer the phone, please leave a message on my confidential voice mail. I typically check messages several times a day and return calls as soon as possible.

Information Provided to Insurance Companies: In many cases, counseling fees are reimbursable by your health insurance company. Be advised that health insurance companies may authorize a limited number of counseling sessions. To receive additional authorization for counseling sessions, I am often asked to complete a treatment plan, which may include your presenting problem, diagnosis, symptoms, medication information, and treatment interventions. If you have any concerns about my sharing information with your insurance company, please discuss this with me ahead of time.

Internet: I do have a website and email address; however, be aware that email is not a secure or confidential form of communication. I do not use email to conduct psychotherapy, to schedule appointments, or to change appointment times. Please note that while you may send me emails, this may not be the quickest way to communicate with me.

CLIENT RIGHTS

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychology Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health, a licensed psychologist must hold a doctoral degree in psychology and have one year of post-doctoral supervision.

According to Colorado law and the ethical principles of psychologists, you are entitled to receive information from me about my methods of therapy, techniques I use, the duration of your therapy (if I am able to determine it), and my fee structure. You may also seek a second opinion from another therapist or terminate therapy at any time. 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. Although I practice in a group setting, each counselor is an independent practitioner.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 and the Notice of

Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

During the course of psychotherapy, material may be discussed which may be upsetting to you. This may be necessary to help you resolve your difficulties. Although there is no assurance that you will feel better, psychotherapy is more likely to be successful if we work cooperatively. I strongly encourage you to bring up any questions you have as they arise.

If you are involved in a divorce or custody litigation or litigation of any kind, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in litigation, including character references. Ethically, I cannot evaluate issues to be decided by the court or make recommendations concerning them. Testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluations can make recommendations to the court on disputed issues concerning parental responsibilities and parental plans. By signing this disclosure statement, you agree not to call me as a witness in any such litigation.

Please be aware that I do not provide testing, documentation, clinical evaluations or recommendations related to work disability or fitness for duty. I value the confidential nature of the counseling relationship, and therefore I do not provide verbal or written commentary or documentation for legal matters.

DR. O'BRIEN'S FINANCIAL POLICY STATEMENT

The fee for each counseling session is \$150.00 for 60 minutes. If you are using Anthem/Blue Cross Blue Shield, your fee is _____. Payment is expected at the end of each session. You are responsible for the entire bill when the services are rendered. If your insurance requires a mental health deductible, and you have not met said deductible, you will remit to me any amount per session owed to me that is applied to the deductible. If your insurance company accidentally makes a payment to you that should instead be paid to me for services rendered, you recognize an obligation to promptly remit that payment to me. Any bounced checks will be re-billed to you, including bank charges.

You understand and agree that if you fail to make any of the payments for which you are responsible within 30 days, you will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

Your signature below indicates that you have read, understand, and agree to the preceding information, that you have received a copy of this information, and that you are responsible for the payment.

Counselor Signature _____ Date _____

Client signature _____ Date _____

Client address _____

Client cell number _____ Client email _____