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CLIENT INFORMATION AND CONSENT

Welcome to my practice. This document contains important information about my professional services. Please read it carefully and discuss any questions you have with me.

PROFESSIONAL INFORMATION

I, Dr. Heather Carroll, have a Doctorate in Clinical Psychology from the University of Denver (2010), a Master's degree in Clinical Psychology from the University of Colorado – Denver (2004), and a Bachelor's Degree in Psychology from the University of Colorado – Boulder (2001). I am a licensed clinical psychologist in the state of Colorado #3706.

My officemate is Dr. Elizabeth Hooks. My practice and Dr. Hooks' practice are separate legal entities. However, we consult on cases, share office resources/space, and provide vacation coverage for each other. Dr. Hooks is also a licensed clinical psychologist. She received a Doctorate in Clinical Psychology from the University of Denver (2010), a Master's degree in Clinical Psychology from the University of Denver (2009), a Master's Degree in Special Education from the University of Georgia (2001), and a Bachelor's Degree in Elementary Education and Psychology from the University of North Carolina (1996).

PSYCHOLOGICAL SERVICES

1. *Psychotherapy* (not applicable to assessment cases).

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, and the particular problems you bring forward. There are many different methods I may use to work with the problems that you hope to address.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Alternatively psychotherapy has also been shown to have significant benefits for people who go through it. Therapy often leads to improved relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you or your family will experience. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If you feel that working with me is not a good fit, I will be happy to provide you with referrals to other mental health professionals.

2. *Assessment* (not applicable to psychotherapy cases).

My professional services also include a number of different types of assessments. These include evaluations for learning difficulties, cognitive functioning, and psychological/emotional functioning. Evaluations also have both benefits and risks. Risks can include experiencing uncomfortable and difficult feelings, as you or your child may be asked to answer questions that are very difficult, or to remember unpleasant episodes. Like psychotherapy, evaluations require active participation. The benefit of these evaluations is that they often lead to a more complete understanding of the nature of one's functioning, including strengths and weaknesses, and areas that would benefit from interventions. It is the main goal of assessment to provide recommendations for interventions to you and those working with you/your family. Usually, an assessment begins with an interview (with the client and/or the client's parents). At this time, background data is

gathered and the issues to be addressed in the evaluation are identified. Additional appointments for the actual testing are also arranged. Appointment times are also set up for feedback sessions to the client and/or his/her parents. A written report or letter of the evaluation, including results and recommendations, is also provided as part of the evaluation. Fees for assessment vary depending on the complexity of the testing and the referral questions. The fees are calculated by hour and are given as a sum figure prior to beginning the process that is agreed upon by both parties.

YOUR RIGHTS

As a client seeking mental health services, you have certain rights. These include your right to seek a second opinion from another therapist or your right to terminate this therapy at any time. You are also entitled to receive information regarding the methods of therapy, techniques used, the duration of therapy, if known, and the fee structure. Please ask if I do not fully provide you with this information or if you have any questions. The practice of psychology in Colorado is regulated by the Colorado Department of Regulatory Agencies. The agency within the department that has responsibility for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies. A licensed psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. Any questions or concerns regarding your mental health treatment may be directed to:

Department of Regulatory Agencies
Division of Registrations
Mental Health Section
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800

THERAPEUTIC RELATIONSHIP

Your relationship with me is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that I not have any other type of relationship with you. Social and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are usually not appropriate and should not be shared between us. Additionally, sexual intimacy is never appropriate in a therapeutic relationship. Any circumstances of sexual intimacy within a therapeutic relationship should be reported to the grievance board listed above.

MEETINGS

After the first meeting, we can both decide if I am the best person to provide the services you or your child needs in order to meet treatment goals. If you agree to enter into therapy, the general approach is to schedule weekly 50-minute sessions. Some clients choose to attend meetings more or less frequently, depending on need. There is no charge for appointments cancelled 24 hours in advance of the scheduled time.

Appointments cancelled less than 24 hours ahead of time are charged full fee unless in the case of an emergency.

PROFESSIONAL FEES

I accept cash and checks at this time.

Psychotherapy: Your fee per 50-minute session is _____. This fee should be paid on the day of your session unless other billing arrangements have been made.

In addition to weekly appointments, I charge \$_____ an hour for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include

telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

Assessment: Your fee for the complete evaluation is _____. After we discuss the type of evaluation and the number of hours required for testing, interpreting and report writing; the exact amount of evaluation is determined. This price is then split into the number of sessions required for testing, plus the feedback session. For example, if the total cost is \$1500 and there is a total of 5 sessions (including feedback session), \$300 is due each session.

LITIGATION LIMITATION: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorneys, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. **I do not accept insurance** at this time; however, insurance companies will usually provide some coverage for mental health treatment for out-of-network providers, but the amount will vary depending on your carrier. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. If requested, I will provide you with a copy of any report I submit. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

CONTACTING ME

I am often not immediately available by telephone. While I am often in my office, I do not answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available.

Please be informed that I do not carry a pager and I do not provide 24-hour services in case of an emergency. If you feel that you may require emergency contact and would prefer that contact to occur with a regular provider, you will want to reconsider working with a provider who is able to be available at all times. If you are unable to reach me and feel that you cannot wait for me to return your call, you can call 911, your family physician, or go the nearest emergency room and ask for the psychologist or psychiatrist on call.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they might be misinterpreted by untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

CONFIDENTIALITY

In general, law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others with your written permission. The information provided by and to a client during therapy sessions is legally confidential if the therapist is a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist 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.

However, there are a few exceptions to the general rule of legal confidentiality, which I outline below. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218 and C.R.S. 19-3-301). 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. There are exceptions that I will identify to you as the situations arise during therapy. I will protect the confidentiality of all materials related to treatment except in the following situations:

1. If you give written permission for information to be shared with another agency or person
2. Information required by an insurance company for billing purposes (this may include procedures and diagnoses)
3. If there is a suspicion of neglect or abuse of a child, an elderly person, or an individual with a disability
4. If you threaten to seriously hurt myself, yourself, or someone else
5. If your records are subpoenaed by court of law
6. If your account is overdue by 90 days or more, I may be obligated to turn past due accounts to a contracted collection agency or seek collection with a civil court action.

Additionally, I share an office with Dr. Elizabeth Hooks. We consult on cases, share office resources and filing space, and may provide holiday coverage for each other. In signing this document, you are acknowledging your understanding of this professional relationship and authorize me to release information to and/or obtain information from Dr. Hooks.

I may occasionally find it helpful to consult other professionals about a case. If this occurs, I always maintain the confidentiality of the client's identity and personal information.

Please note that cellular phone and e-mail communications are vulnerable to breaches of confidentiality due to their modes of information transmission.

Please feel free to voice any and all questions or concerns that you might have, either in response to this form or at any time during our work together. I look forward to working with you.

AGREEMENT

Your signature below indicates that you have read the information in this document and that I have reviewed the document verbally with you and answered any questions you have regarding its contents.

Client's Name (Print)

Client's Signature (If 15 or Older)

Date

Name of Parent(s) (Print)

Signature of Parent(s)

Date

Heather Carroll, Psy.D., PLLC

Date