



Dr. Rebecca I. Howard, PsyD

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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.

THERAPIST

I, Dr. Rebecca Howard, have a Doctorate in Clinical Psychology from the University of Denver (2010), a Masters in Clinical Psychology from the University of Denver (2008), a Masters in Elementary Education from Hunter University (2004), and a Bachelors in Psychology from the University of Ohio (2000). I am a licensed professional counselor and my license number is 5974. Additionally, I am also psychologist candidate which means I am accruing the hours necessary to become a licensed clinical psychologist in the state of Colorado. My supervisors for those hours are Dr. Judith Fox and Dr. Kim Pfaff.

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 deal 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. On the other hand, psychotherapy has also been shown to have significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you 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 as if 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 disabilities and Attention Deficit/Hyperactivity Disorder, cognitive functioning and psychological/emotional functioning. Evaluations also have both benefits and risks. Risks can include experiencing uncomfortable and difficult feelings, as you may be asked to answer questions that are very difficult or to remember unpleasant episodes or aspects of your life. Like psychotherapy, evaluations require active participation on your part. 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. 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. I may also provide what I term a *therapeutic letter* for both the client and /or the client's parents, which provides the same information as the report written only in a more informal format. 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. 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 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 our first meeting, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session per week at a time we agree on. 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 case of an emergency.

PROFESSIONAL FEES

I accept cash, check, credit card, victim's assistance payments, and health savings account payments.

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.

Assessment: Your fee for the complete evaluation is _____. The initial intake is \$125 and 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 4 sessions, plus a feedback session, \$300 is due at the beginning of the each of session.

You will also be asked to fill out a reserve credit card form. This will be used only on the request of the client, if a no-show fee will be charged, or if there is a balance on the account after termination of services. You will be informed when any of these charges occur and provided a receipt. The client is also responsible for any fees due to insufficient fee charges on checks.

In addition to weekly appointments, I charge \$125 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 service you may request of me. There is a 10% late fee for payments over 10 days late.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, per hour, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge an additional forensic fee of \$500 along with the hourly fee for preparation, report writing, and attendance at any legal proceeding.

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. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. 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. Health insurance companies may provide some coverage for mental health treatment. 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.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. “Managed Health Care” plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

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.

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. 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 this is your choice, please let me know and I will provide you with the names of therapists who provide 24-hour care. If you are unable to reach me and feel that you can’t 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, and I can only release information about our work 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.

One such exception is if I have reasonable cause to know or suspect that a child has been subjected to abuse or neglect, or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect, as defined by the Child Protection Act of 1987 (CRS 19-3-301), shall immediately report or cause a report to be made to the Department of Human Services. The Child Protection Act grants persons who report child abuse or neglect, immunity from any liability that might otherwise be incurred, except for knowingly making a false report.

If I have reason to believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.

If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

If such a situation occurs in your treatment, I will make every effort to fully discuss it with you before taking any action.

I will be supervised by Dr. Judith Fox and Dr. Kim Pfaff this year as I accrue my hours necessary for licensure. They will be privy to your personal information and what we discuss in therapy or during an assessment, but only what is necessary. If you have any questions or concerns about this, please feel free to ask me about what supervision entails. Dr. Fox's contact phone number is 303 871 3879 and Dr. Pfaff's contact phone number is 303 504 6650.

Additionally, I may occasionally find it helpful to consult other professionals about a case. Consultation is different from supervision and during a consultation 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 agree to abide by its terms during our professional relationship.

_____	_____	_____
Client Name(s) (Print)	Client Signature(s) (If 15 or Older)	Date

_____	_____	_____
Parent(s) Name(s) (Print)	Parent Signature(s)	Date

_____	_____	_____
Parent(s) Name(s) (Print)	Parent Signature(s)	Date

_____	_____
Dr. Rebecca I Howard	Date