

**Deborah Patz, PsyD, LAC, E-RYT**

719-351-2229

DoctorDebby3616@gmail.com

**DISCLOSURE and CONSENT TO TREAT STATEMENT**

In signing this document, you are consenting to participate in psychotherapy with Deborah Patz, PsyD, LAC. I am a psychologist licensed by the State of Colorado (PSY #3616) and a Licensed Addictions Counselor (ACD #0001528). It is my sincere intent to provide you with the best possible treatment according to my training and beliefs.

At this time I am exclusively offering teletherapy using a HIPAA compliant platform. You will be able to access our therapy sessions on a computer, tablet or phone. Sessions are never recorded. Due to the nature of the online communication, there may be technological issues that impact our therapy sessions. Although this is rare, it may mean we will need to reschedule the session for another day.

Confidential records of sessions will be kept. Information in these records will not be disclosed without your consent, with the exceptions listed below in the Confidentiality section. As required by law, these records will be kept for seven years following the termination of therapy, at which point they will be destroyed.

**CLIENT RIGHTS AND IMPORTANT INFORMATION**

(a) At any time throughout the professional relationship you may ask about my methods of therapy, the techniques used, and the expected duration of your treatment.

(b) Sessions last approximately 50 minutes.

(c) You can seek a second opinion or terminate therapy at any time.

(d) Therapy has significant proven benefits for most people. This success is dependent on your commitment to participation in therapy sessions and continuing the work on your own between sessions. Risks that may occur during the course of therapy can include strong negative emotions, recalling distressing memories or a desire to make changes that create friction in your life. These are normal and can be discussed at any time.

(e) I accept some insurances and private pay. You may have a copay with your insurance. Private pay sessions are billed at the sliding scale fee of \$125/ session. I accept cash, check, credit card and some electronic payments.

(f) If you are using insurance but payment is denied for any reason by the insurance company I will bill the credit card provided at intake directly for the sessions not covered. Your signature below indicates that you understand and agree to this policy.

(g) If payment is in arrears more than 90 days and a fee payment schedule cannot be agreed upon, your account may be turned over to a collection agency, an attorney, or small claims court.

(h) In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies at (303) 894-7855.

#### CONFIDENTIALITY

The majority of information provided by and to a client in a professional relationship with a psychologist is legally confidential and I cannot disclose the information without your consent. Legal exceptions to confidentiality include: (1) I may be required to report suspected child or elder abuse or neglect to the Division of Family Services or appropriate State agency; (2) If you tell me that you intend to kill yourself I will break confidentiality to make sure that you are safe; (3) If you threaten to harm someone else, I will report this to law enforcement and to the intended victim; (4) if there is a medical emergency, I will breach confidentiality to secure the necessary treatment; (5) if you require hospitalization for mental illness, I will provide the necessary information to the relevant mental health facility; (6) If you use insurance, I will give certain demographic details, including your diagnosis, to the insurance company to secure payment. At times insurance companies request verification of services, which involves the release of some information, possibly including intake reports and/or session notes.

Because teletherapy sessions do not take place in a private therapy office, it is up to both therapist and client to ensure the session's confidentiality. I will be in a location that protects the confidentiality of our conversation. Try to find a place where you will not be interrupted, where other people are not present and where others cannot overhear our conversation. Earphones may be helpful for this if needed.

I will need to get your physical location at the beginning of each teletherapy session to make sure that I can intervene effectively in the case of an emergency situation. If the session is interrupted for any reason, such as the internet connection fails, and you are having an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. I will attempt to follow up to ensure your safety but request that you call me back after you have obtained emergency services.

#### CANCELLATION POLICY

I require 24 hour notice if you need to cancel an appointment. If you do not cancel a scheduled appointment with at least 24-hour notice, or if you do not show up for your appointment at the scheduled time, I will charge your credit card on file a flat fee of \$75. This fee may be waived in the case of an emergency. Your signature below indicates you understand and agree to this policy.

#### CONTACT, COMMUNICATION AND SOCIAL MEDIA POLICY

I am available during my business hours. If you have an emergency outside of those hours please call 911, go to your nearest emergency room or call the Suicide Prevention Lifeline at 1-800-273-8255. I request that you call me back after you have obtained emergency services so we can proceed accordingly.

I will respond to email within three business days. Please note that standard email is not a HIPAA compliant method of communication, but you are free to use it if you understand this limitation. **Email is never a good way to contact me during an emergency.** Similarly, text messages can be good for scheduling or changing appointments but are not secure and should be used with caution.

I maintain a website at [www.DrDebbyPatz.com](http://www.DrDebbyPatz.com), have a Dr. Debby Patz channel on YouTube and a Dr. Debby Patz Facebook page, any of which you are welcome but not required to view or follow. **THESE SITES DO NOT PROVIDE THERAPY AND ARE NOT APPROPRIATE FOR LEAVING MESSAGES OR REQUESTS.** I do not “friend” or follow current or former clients on social media of any kind, as this could impair my objectivity, interfere with therapy and prevent any future professional relationship.

#### REGULATION OF PSYCHOTHERAPISTS

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists. You may contact the Board of Licensed Professional Counselor Examiners at 1560 Broadway, Suite #1370, Denver, CO 80202, (303) 892-7766.

I may make exceptions to these policies (with the exclusion of confidentiality and record keeping requirements) at my discretion.

Your signature indicates that you have read the above disclosure statement, understand its terms and that any questions about this statement have been addressed to your satisfaction.

Client Signature \_\_\_\_\_ date \_\_\_\_\_