



INFORMED CONSENT AND RELEASE

The Colorado Department of Regulatory Agencies regulates the practice of both licensed and unlicensed persons in the field of psychotherapy and requires that clients be given the following information about their therapist and the practice of psychotherapy. Any questions, concerns, or complaints regarding the practice of mental health may be directed to:

Colorado Department of Regulatory Agencies, Mental Health Section
1560 Broadway, Suite 1350
Denver, Colorado 80202
(303) 894-7766

Therapist Information: I received my Master of School Counseling and Family Consultation from Stetson University, Deland Florida in 2001. I am a Licensed Professional Counselor and a Licensed School Counselor in the state of Colorado.

Clients Rights and Important Information: At your request, you have the right to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. There may be times when we need to consult with a colleague or another professional about issues raised in therapy during which client confidentiality is still protected.

You may seek a second opinion from another therapist and may terminate therapy at any time.

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, Mental Health Section.

Information that you share with me in the courses of therapy is legally confidential. However, the following exceptions listed in the Colorado statutes (C.R.S. 12-43-218) do apply:

1. Information about child abuse must be reported to authorities.
2. Information about a client's intent to harm him or herself or someone else must be reported to authorities and to the person in danger of harm.
3. If court subpoenas me, I may be obligated to testify to the questions asked.
4. Your insurance forms may require me to list a diagnosis in order for your claim to be paid.
5. Your case may be discussed, without identifying information, in consultations with my colleagues.

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.

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Notice of Nondiscrimination: I am conduct to creating an atmosphere of mutual respect and appreciation of difference. I do not discriminate on the bases of race, color, creed, religion, national/ ethnic origin, gender, sexual orientation, age, or with regard to the bases outlined in the Veterans Readjustment Act and the Americans with Disabilities Act.

Fee Policy: I charge \$100.00 per 50-minute session.

Missed appointments for the individual therapy will result in a full charge of the session's rate unless you cancel at least 24 hours before the scheduled appointment or an emergency. The time is reserved for you and cannot be used for other purposes unless sufficient notice is provided. If you are late for an appointment, the session will end at the regular time and you will be charged for the full session.

Emergencies/Availability: I can be reached on my cell phone at (303) 882-8819 and will return your call as soon as possible. I will leave a specific message on my voice mail if I will be unavailable for an extended time, and will designate a back-up therapist when I am on vacation.

I can be reached by email at gigjack@aol.com however, remember that due to the nature of the Internet, confidentiality cannot be guaranteed.

I do not have a pager and therefore cannot be available for emergencies. Please use the following 24-hour resources if you have a psychiatric emergency:

For all emergencies dial 911

Boulder County Resources:

- Boulder Community Hospital: (303) 440-2037 (adolescents and adults)
- Emergency Psychiatric Services (EPS): (303) 447-1667 or (303) 678-6200 (adults)
- Child Crisis: (303) 413-6388 (children)
- Longmont United Hospital (303) 651-5150 (adolescents and adults)
- Centennial Peaks Hospital: 1(800) 842-4673 (adolescents, adults and children)
- Boulder County Safe House: (303) 444-2424

If you have any questions or would like additional information, please don't hesitate to ask.

By signing the Client Contact Form you are stating that you have read the preceding information and understand your rights as a client. If client is a minor, you give permission for Deborah E. Rubin to provide psychological services to your child.

Client Name: _____

Client Signature: _____

Date: ____ / ____ / ____