

Carolyn Aibel, Ph.D.
Licensed Clinical Psychologist

Informed Consent and Release

The Colorado State Department of Regulatory Agencies now regulates the practice of psychologists and requires that I give you specific information about my practice and myself. As a psychologist, I see children, adolescents and adults. My professional background includes: a Bachelor of Arts in Psychology from Wesleyan University in Connecticut in 1995; a Masters in Clinical Psychology from the University of Colorado at Boulder in 1998; Completion of a Predoctoral Clinical Internship at SUNY Upstate Medical University in Syracuse in 2002; and a Ph.D. in Clinical Psychology from the University of Colorado at Boulder in 2003. I am licensed as a psychologist in the state of Colorado (#2882).

You are entitled to receive information at any time about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship and should be reported to the Grievance Board. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the State Board: Mental Health Section of the Colorado State Grievance Board, 1560 Broadway, Suite 1370 Denver, Colorado 80202, 303-894-7766.

I am an independent practitioner and am not legally or professionally affiliated with any other mental health professional. My colleagues and I in this office share this suite but do not operate otherwise as a group practice and do not share treatment responsibilities.

The information provided by you, as a client during therapy sessions is legally confidential in the case of licensed marriage and family therapists, clinical social workers, professional counselors, psychologists, and certified school psychologists. The limits of confidentiality are set by law. If I am directed by a judge in a court of law to reveal information, then I must do so. Legal confidentiality does not apply in criminal or juvenile delinquency proceedings. If you provide me with information about child abuse or abuse of the elderly, I must report that information immediately. If you tell me that you intend to harm someone else or yourself, I am required by law to reveal that information to the authorities and to the individual who may be harmed. In addition, I am required to work with you closely to preserve your safety.

If you are utilizing insurance, I am requesting your permission to provide your insurance company or its representative with any information concerning your diagnosis and treatment. This information may include (but is not limited to) information about diagnosis, treatment, insurability, and peer review for the purpose of determining continued insurance support. Some health insurance companies will reimburse clients for my counseling services and some will not. In addition, most will require that I diagnose your mental health condition and indicate that you have an "illness" before they will reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your

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case, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company. Any diagnosis made will become a part of your permanent insurance records.

My billing rate is \$120.00 per 50-minute session. I ask that you pay me at each session. If you are using insurance, I will give you monthly billing statements so that your insurance company can reimburse you. Because you will be paying me each session for my services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any insurance company payment to me. Additionally, I reserve the right to use a collection agency to collect fees that are more than 120 days past due, unless we have agreed on an alternative payment plan. Please contact me at least 24 hours ahead of time if you need to cancel an appointment. Your appointment time is reserved for you; I cannot use it for other purposes without sufficient notice. Without 24 hours notice, I will charge you your session fee for the missed appointment. Occasionally I may make an error and forget an appointment or record it incorrectly on my schedule. Your time is valuable too. Therefore, if I make such an error, the next session is free to compensate for your inconvenience. From time to time I raise my regular fee. I will give you at least one month's notice prior to doing so.

You can reach me by leaving a message on my voice mail at 303-579-3010. Because there are times that I am not available, I do not provide emergency services or immediate crisis intervention. In the event of a psychiatric emergency, please leave me a message on my voicemail indicating that you are in a state of emergency and call 303-447-1665, Boulder Emergency Psychiatric Services.

Your input in your treatment is invaluable. Please keep me informed of what you feel works for you/ does not work for you in our sessions. You are welcome and encouraged to ask questions about my theory of psychotherapy, any of my policies, your bill, or any other concerns that arise.

I have read and I understand the information outlined in this Consent and Release Form. I have had my questions answered to my satisfaction. I have received a copy of this form for my own records.

Client Signature

Date

Witnessed

Date

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