

Sarah Patz, Ph.D.
Licensed Psychologist (PSY0003784)
720.515.4502
drsarahpatz@gmail.com
www.sarahpatzphd.com

Consent for Services and Client/Patient Rights

I give permission to receive therapy and/or assessment services. I understand that I will be treated with respect and dignity and that in a professional relationship such as this one, sexual intimacy between a client and therapist is never appropriate and should be reported immediately to the Department of Regulatory Agencies, Mental Health Section. In counseling, I will receive services tailored to my individual needs and I have the right to receive information about the methods of therapy, techniques used, duration of therapy (if it can be determined), fee structure and to participate in the decision-making process regarding my treatment. I agree to participate in evaluation research conducted for the purposes of assessing progress in treatment and/or perceptions of the treatment provided. I understand that I may be contacted for such purposes while in treatment and/or after I leave treatment. I am aware that counseling is not based on an exact science and that the type of treatment received will depend primarily on the nature of my concerns and needs. I understand that, as such, I cannot be given any guarantees about the results of treatment services. I also understand that I have the right to seek a second opinion from another therapist and to stop this treatment at any time. This consent and these same rights apply for each member of the family that may be seen in a counseling session. Lastly, I understand that if I have insurance coverage, that organization may be billed for services and that my clinician may discuss clinical impressions related to my therapy for the purpose of authorizing treatment.

For psychotherapy services your fee for the **50-minute** session is: **\$140.00** with a **24 hr. cancelation policy**. In the event of emergencies, we can discuss the situation and the therapist may deem it appropriate to wave your fee.

The Colorado Department of Regulatory agencies have the general responsibility for regulating the practice of both licensed and unlicensed persons in the field of psychotherapy. The agency within the department that has responsibility specifically for licensed and unlicensed psychotherapists is the State Grievance Board. The board is located at 1560 Broadway, Suite #1350, Denver, CO 80202, and can be reached by calling (303) 894-7766.

Forms of Communication & Emergencies

With regards to electronic communication (e.g., email), I understand that this is a non-secure form of communication, that my clinician may not respond immediately, and that written material from the email will be included in my clinical chart. Additionally, e-mail is not an appropriate form of communication during emergencies. **In the event of an emergency, I understand that I should call 911 and/or go to the nearest emergency room.** In the event that email is down, telephone contact will serve as an alternative method of communication, and vice versa.

Electronic communication is not protected by law because it is not secure. However,

Dr. Patz often finds it helpful to communicate with patients via email for scheduling and/or sending forms. **If you would like to opt out of email communication, please initial here _____.**

Limits of Confidentiality

The information provided by me or my child during this counseling is legally confidential **except** in the following situations:

- (a) if I threaten grave bodily harm or death to myself or to another person; (b) there is reason to suspect that a child or elderly person is being abused, or has been abused, either by neglect, assault, battery, or sexual molestation; (c) in the case of a potential suicide in which there is imminent danger; (d) if a court of law issues a legitimate subpoena to provide specific information requested in the subpoena; and (e) if I request that information be released to another party and in this case, I must sign release of information documents.

Mandatory Disclosure of Therapist's Training and Experience

Dr. Patz completed her graduate training in Clinical Psychology at the University of California, Santa Barbara. She completed her Psychology Internship at the University of Utah Neuropsychiatric Institute where she completed child, adolescent, and adult rotations. She completed her Psychology Fellowship at the University of Colorado School of Medicine in the area of child development and infant mental health. She has been trained in a variety of different settings (i.e., clinics, day treatment centers, and hospitals).

Dr.Patz's Approach to Psychotherapy

When you sign this document, it will represent an agreement between us. You may revoke this Agreement in writing at any time. That revocation will be binding on me unless: a) I have taken action in reliance on it, b) there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy, or c) you have not satisfied any financial obligations you have incurred.

Psychotherapy

Psychotherapy is not easily described in general statements. This work will vary depending on our match and the particular issues you bring. There are many different methods I may use to help you address your problems and achieve your goals. We may focus on the ways in which your upbringing affects the way that you view the world (and yourself). By identifying how you adopted your worldview, we are in a better position to change it, if it is part of the problem. We may identify particular beliefs or thought patterns that you hold and help you to decide whether they are helpful and healthy, teaching you how to change them if they are unhelpful or unhealthy. Or we may identify specific tasks for you to work on to improve the quality of your life. Finally, we may focus on the role of emotions in your life; many people feel overwhelmed by or uncomfortable with certain emotions, and we can work to make those emotions more tolerable.

I ask you to work with me collaboratively. There are no magic bullets and your feedback should guide our work together. Consistent meetings across weeks

will build momentum and allow for our work to be the most helpful.

Our first two or so sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work might include. You should evaluate this information along with your own opinions of whether you feel comfortable working with me to determine whether I am a good match for you. If you decide that I am not a good match, I will be happy to help you find a different therapist. If you have questions about my procedures, we can discuss them whenever they arise.

Sessions

Generally, we will meet at regularly scheduled times for 50-minute sessions. I typically meet with patients on a weekly basis. However, some patients benefit from more frequent meetings.

Terminations

When ending therapy, I believe it is important to have a termination session to discuss the work we have done and to facilitate your next steps. However, I will also consider our work terminated if I do not hear from you at all over a period of three months.

Consultations

I may occasionally find it helpful to consult other health and mental health professionals about a patient. During such consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Professional Fees

In addition to weekly appointments, I charge the hourly session amount 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 report writing, telephone conversations lasting longer than 20 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

Minors and Parents

Patients under 18 years of age (who are not emancipated) and their parents should be aware that the law allows parents to examine their child's treatment records, unless I believe this review would be detrimental to the patient or his/her treatment. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, I typically request an agreement from parents that they consent to give up full access to their child's records. If they agree, I will provide them only with general information about the progress of the child's treatment and his/her attendance at scheduled sessions. Any other communication will require the child's authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, I will notify the parents of my concern immediately. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to address any objections s/he may have.

My Contact Information

Should you need to reach me non-urgently between sessions, please leave a message on my office voicemail (720-515-4502), and I will return the call as soon as possible. This is a Google Voice voicemail. It is not a secure voicemail, therefore, please do not leave confidential information. I typically do not return calls on the weekend or at night unless it is an urgent matter. In case of emergency, please call 911 or go to your nearest emergency room. If you need to reach me regarding an urgent mental health matter, you may call me directly at (303-550-8384).

If I go on vacation or am otherwise unavailable for an extended period of time, I will provide you with the name and telephone number of a colleague to contact, if needed.

Due to new COVID-19 precautions, sessions may take place over the phone or video call. If you chose to do so, I may conduct some sessions in outdoor settings while wearing masks, such as a public park or walking around the neighborhood. If you chose to participate in outdoor sessions, it is important that you understand and accept any and all natural risks that come with such activities, such as being seen or heard by others, or a fall while walking.

I have read the preceding information and I understand my rights as a client/patient.

Client/Patient Name (Please Print)

Client/Patient Signature Date

Parent or Legal Guardian (If needed) Date

Psychologist Signature Date

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