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Licensed Psychotherapist
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Disclosure Statement and Services Agreement

This form contains important information about me, the practice of psychotherapy, your rights as my client, as well as policies for us to agree on at the outset of our work together.

Background Information: I am a licensed psychotherapist and have a Doctorate in education, a Masters in counseling psychology, and a Bachelors in psychology. I use attachment theory as my clinical orientation. I also have advanced training in attachment, Eye Movement Desensitization and Reprocessing (EMDR), Brainspotting, and trauma.

Psychotherapy: The practice of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. The agency within the Department that has responsibility for licensed psychotherapists is the State Grievance Board. Any questions, concerns, or complaints regarding the practice of psychotherapy by licensed psychologists may be directed to: Colorado State Grievance Board, 1560 Broadway, Suite 13400, Denver, CO 80202, (303) 894-7766.

Your Rights as a Client:

- You are free to seek a second opinion from another therapist at any time.
- You may end your therapy with me at any time.
- In a professional relationship such as psychotherapy, sexual intimacy is never appropriate and should be reported to the Grievance Board.

Financial Agreement: My regular fee is \$120 per session. Occasionally, I offer an EMDR or Brainspotting session of 75 minutes for \$120. Your fee of \$___ per session is to be paid **at the end** of each session. Failure to pay for your sessions may result in interest accruing at 1.5%, compounded monthly.

I do not typically charge for brief (up to 10 minutes) telephone calls between sessions or brief contacts with other professionals on your behalf. In case of extended and/or frequent contacts, I will charge you for the time on a prorated basis. I will inform you of these charges in advance.

Once an appointment is scheduled, you will be expected to pay for it unless you provide at least **24 hours advance notice of cancellation.**

From time to time, I raise my regular fee. I will not do so more than once per year, and I will give you at least two weeks notice.

Confidentiality: Generally speaking, the information provided by and to you during therapy sessions is legally confidential and I cannot disclose it without your consent. However, as specified in the Colorado statutes (C.R.S. 12-43-218), there are exceptions to this general rule. Among them are:

1. If you provide me with information about possible child abuse or neglect or elder abuse or neglect, I must report it.
2. If you reveal an intention to harm yourself or someone else, I am required to notify the authorities and possibly others, in an attempt to protect the person who may be harmed.

3. Should you refuse to pay your bill, I will reveal to either my attorney or a collection agency the fact that you received professional services from me, the dates of those services, and the amount that you owe.
4. If I am directed by a judge in a court of law to reveal information, then I must do so.
5. If you give me informed written permission to share information, then I may do so.

Your insurance may require me to provide information about your therapy and to list a psychiatric diagnosis for you in order for a claim to be paid.

In couples' treatment, I do **not** keep secrets between partners.

Occasionally, I may consult with colleagues concerning how to best serve you. I will do this consultation without identifying information so that your privacy is protected.

My Availability: When you call my number, you will reach my voice mail. I check my messages regularly throughout the day and generally return phone calls within 24 hours. I will designate an on-call therapist when I am on vacation. Because there are times when I cannot be available to you, I do not provide emergency services or immediate crisis intervention. In an acute emergency, please call 911 or go to the nearest emergency room.

Records: The laws and standards of my profession require that I keep Protected Health Information about you in your Clinical Record. Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They will only be released with your written permission. It is my policy to submit a summary of treatment, rather than an entire record, even with your consent. You will be granted reasonable access to your record, but not my psychotherapy notes. If you choose to read your record, it is my policy to be present in order to respond to any questions you may have about the recordings.

What I Ask of You: I invite you to give me feedback about anything in your therapy. It is useful to get reactions to what was helpful or not about therapeutic techniques and strategies. You may always ask about my theory of psychotherapy, my practices, my fees, or any other aspect of our work together, especially if you have concerns.

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

Client Name	Client Signature	Date
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Client Name	Client Signature	Date
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Client Address	phone	email address
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Client Address	phone	email address
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In case of an emergency, contact	Relationship	phone
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Therapist Signature	Date
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