

**Beth O'Brien, Ph.D., Licensed Psychologist**  
**211 W Myrtle Street, Suite 204**  
**Fort Collins, Colorado 80521**

**CLIENT INFORMATION AND CONSENT TO TREATMENT**

**EDUCATION AND TRAINING**

I received my Ph.D. in Counseling Psychology from the University of Maryland in 1991 and completed an APA approved internship at George Washington University in Washington, D.C. I am licensed as a psychologist by the Colorado State Board of Examiners.

**OFFICE POLICIES AND PROCEDURES**

**Scheduling and Cancellation Information:** Individual counseling sessions can be scheduled for 45 or 60 minutes in length. Couple sessions are a minimum of 90 minutes. I will do my best to begin and end sessions on time. Since emergencies sometimes occur, however, I may occasionally need to reschedule an appointment.

Please give me a minimum of two business days' notice if you will be unable to keep your appointment. If no notice is given or you do not give me two business days' notice, you will be charged \$95 for missed sessions one hour or less, and \$150 for 90-120 minute missed sessions. If you are sick and cannot make your appointment, please give me as much notice as possible.

At the end of each meeting, we will designate a time and date for our next session. *It is your responsibility to make note of that time and to show up at the next session as planned. The online link for meeting with me is [doxy.me/drbethobrien](https://doxy.me/drbethobrien).*

**Emergencies:** Although I make every effort to be available to my clients for urgent matters, I may not be able to respond immediately. If you anticipate needing contact with me outside of our regularly scheduled appointment, please discuss this with me ahead of time. In case of a life-threatening crisis, you should go to the nearest hospital emergency room, or call 911.

**Messages:** I can be reached at (970) 491-9689. If I am unable to answer the phone, please leave a message on my confidential voice mail. I typically return calls within 24 hours.

**Information Provided to Insurance Companies:** Individual counseling fees may be reimbursable by your health insurance company. Be advised that if your counseling is a covered benefit, health insurance companies may request an audit of your record, which could include treatment plans, diagnosis, symptoms, medication information, and other health information. Your signature authorizes me to release information to your insurance company to determine benefits, provide reimbursement, and review your record. If you have any concerns about my sharing information with your insurance company, please discuss this with me ahead of time. *For many insurances, couples counseling is not covered by insurance because it is not a diagnosable mental health condition.*

**Internet:** I do have a website and email address; however, be aware that email and text are not secure or confidential forms of communication and in using these forms of communication you do so at your own privacy risk. I do not use email or texts to conduct psychotherapy. Text or email can be used to schedule appointments, or to change appointment times.

**Client Status:** You are a *current* client if I am seeing you on a regular basis, including weekly, biweekly, or monthly. If you have not seen me for a period of 6 months or longer and you contact me for an appointment, I will make every effort to see you. However, I may need to refer you to another counselor if my practice is full.

**CLIENT RIGHTS**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychology Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health, a licensed psychologist must hold a doctoral degree in psychology and have one year of post-doctoral supervision.

According to Colorado law and the ethical principles of psychologists, you are entitled to receive information from me about my methods of therapy, techniques I use, the duration of your therapy (if I can determine it), and my fee structure. You may also seek a second opinion from another therapist or terminate therapy at any time. In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate, and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder. Although I practice in a group setting, each counselor is an independent practitioner.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this

confidentiality. For example, mental health professionals are required to report known or suspected child abuse and elderly abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

During psychotherapy, material may be discussed which may be upsetting to you. This may be necessary to help you resolve your difficulties. Although there is no assurance that you will feel better, psychotherapy is more likely to be successful if we work cooperatively. I strongly encourage you to bring up any questions you have as they arise.

If you are involved in a divorce or custody litigation or litigation of any kind, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues or to testify in court concerning opinions on issues involved in litigation, including character references. Ethically, I cannot evaluate issues to be decided by the court or make recommendations concerning them. Testimony by therapists in domestic cases causes damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parental plans. By signing this disclosure statement, you agree not to call me as a witness in any such litigation.

I do not provide testing, documentation, clinical evaluations, or recommendations related to work disability or fitness for duty. I value the confidential nature of the counseling relationship, and therefore I do not provide verbal or written commentary or documentation for legal matters.

If you are uninsured or decide not to use your insurance benefits for counseling, I will provide you with a Good Faith Estimate. Your signature below indicates you have received this statement from me (if applicable).

**DR. O'BRIEN'S FINANCIAL POLICY STATEMENT**

The fee for each counseling session is \$200.00 per 60 minutes session, \$300.00 for 90 minutes. Payment is expected at the end of each session. You understand and agree that if you fail to make any of the payments for which you are responsible within 30 days, you will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

Your signature below indicates that you have read, understand, and agree to the preceding information, that you have received a copy of this information, and that you are responsible for the payment.

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Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Client signature \_\_\_\_\_ Date \_\_\_\_\_

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Client address \_\_\_\_\_

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Client cell number \_\_\_\_\_ Client email \_\_\_\_\_