

Jennifer Ritchie-Goodline, Psy.D.

Licensed Clinical Psychologist



9085 East Mineral Circle ♦ Suite 235 ♦ Centennial, Colorado 80112
720.299.8342 ♦ DrJenniferRitchieGoodline@msn.com
www.DrJenniferRitchieGoodline.com

Information, Disclosure, and Consent

Welcome to my practice. I appreciate the opportunity to provide you with psychological services and look forward to helping you reach your goals. This document contains important information about my professional services and business policies and is provided to you in compliance with Colorado State Law. If you have any questions about the information contained in this document, please ask and I will be happy to answer them for you.

Credentials

I am a licensed psychologist in the state of Colorado. My license number is 2741. I hold the following degrees:

B.A. in Psychology from the State University of New York at Albany, 1992

M.A. in Counseling and Guidance from New York University, 1994

M.A. in Clinical Psychology from the University of Denver, 1999

Psy.D. in Clinical Psychology from the University of Denver, 2000

Additionally, I completed my internship in Clinical Psychology in August 2000 at the University of Denver Counseling and Behavioral Health Center and my post-doctoral supervision hours at Colorado Assessment and Treatment Center.

The practice of licensed and registered professionals in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners is part of this system and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, by phone at 303.894.7800, online at <https://www.colorado.gov/pacific/dora/Psychologist>, or by email at dora_mentalhealthboard@state.co.us. A licensed psychologist must hold a doctorate degree in psychology, have one year of post-doctoral supervision, and pass state licensing requirements. Regarding the regulatory requirements of other mental health professionals, a licensed clinical social worker, a licensed marriage and family therapist, and a licensed professional counselor must hold a master's degree in their profession, have two years of post-master's supervision, and pass state licensing requirements; a licensed social worker must hold a master's degree in social work and pass state licensing requirements; a psychologist candidate, a marriage and family therapist candidate, and a licensed professional counselor candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure; a certified addiction counselor I (CAC I) must be a high school graduate, complete required training hours and 1000 hours of supervised experience, and pass licensing requirements; a CAC II must complete additional required training hours and 2,000 hours of supervised experience; a CAC III must have a bachelor's degree in behavioral health and complete additional required training hours and 2,000 hours of supervised experience; a licensed addiction counselor must have a clinical master's degree and meet the CAC III requirements; a registered psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training, or experience is required.

Client Rights

- ❖ You are entitled to receive information from me about my methods of therapy, the techniques I use, the estimated duration of your therapy, and my professional fees.
- ❖ You are free to seek a second opinion from another therapist or to terminate therapy at any time.
- ❖ In a professional relationship such as ours, sexual intimacy between a therapist and client is never appropriate. Such a violation should be reported to the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners is part of this system and can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, by phone at 303.894.7800, online at <https://www.colorado.gov/pacific/dora/Psychologist>, or by email at dora_mentalhealthboard@state.co.us.
- ❖ Generally speaking, the information provided by a client during therapy sessions is legally confidential. A written release of information with your signature is required in order for me to release or obtain information regarding your treatment. However, there are important exceptions to this general rule of confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218) and the Notice of Privacy Practices you were provided and include criminal or delinquency proceedings, serious danger to self and/or others, grave disability, and instances of suspected child and/or elder neglect and/or abuse.

Treatment Philosophy

I utilize an integrative, individualized treatment approach, drawing from cognitive-behavioral, systems, strategic, relational, and feminist theories. As such, I believe in providing goal-directed treatment. This means that we develop a treatment goal or several goals together, after a thorough assessment. All treatment is then planned around progressing toward the achievement of the established treatment goal(s). If you ever have questions about the nature of treatment or anything else about your care, please do not hesitate to ask.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and client, the particular issues and concerns being addressed, and the methods used to address these issues. Colorado Revised Statute 12-43-201 (9) officially defines psychotherapy as meaning "the treatment, diagnosis, testing, assessment, or counseling in a professional relationship to assist individuals or groups to alleviate mental disorders, understand unconscious or conscious motivation, resolve emotional, relationship, or attitudinal conflicts, or modify behaviors which interfere with effective emotional, social, or intellectual functioning. Psychotherapy follows a planned procedure of intervention which takes place on a regular basis over a period of time, or in the cases of testing, assessment, or brief psychotherapy, it can be a single intervention." Psychotherapy requires active participation on the part of the client, and collaboration between the client and therapist. Psychotherapy will be of more benefit to you if you are open and honest and actively participate and work on issues, both in sessions and between sessions at home. There are no guarantees, magical cures, or quick fixes with psychotherapy; it is not like going to see a medical doctor to receive antibiotics to cure an infection. The course of psychotherapy may be difficult and require a lot of hard work on the part of the client; however, it is through this hard work that change, growth, and healing can occur.

As such, psychotherapy can have benefits and risks. Since psychotherapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Again, there are no guarantees of what you will experience and the outcome of your treatment.

Our first few sessions will involve an intake evaluation and assessment of your needs. At the end of this evaluation period, I will be able to offer you some first impressions of what our work will include and we will collaboratively develop a treatment plan to follow. You should evaluate this information along with your own opinions as to whether you feel comfortable working with me. Psychotherapy often involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional.

Financial Terms/Fee Information

My standard fee is \$160 per session. Sessions are generally approximately 50 minutes long. Payment is due at the time services are rendered. Payment can be made in the form of cash, checks, debit cards, or credit cards. There will be a \$25 charge for all checks returned due to insufficient funds. If you have insurance coverage for mental health services and I am a participating provider of your insurance health plan, upon verification of health plan/insurance coverage, your insurance will be billed for you and I will be paid directly by the insurance carrier. You will be responsible for any applicable deductibles, co-insurance, and co-payments. These payments must be paid at the time services are rendered. If you are not eligible at the time services are rendered or your claims are denied for any reason, you are responsible for payment in full. If you have insurance coverage for mental health services and I am not a participating provider of your insurance health plan, you will need to check with your carrier about how to file a claim. I will be happy to provide documentation of billing and payments as an out-of-network provider for your insurance needs.

Cancelled/Missed Appointments

A scheduled appointment means that time is reserved only for you. If you are unable to keep a scheduled appointment, please notify me as soon as possible. If an appointment is missed or cancelled with less than twenty-four hours notice, you will be billed directly according to the standard session fee or according to the rules of your health plan. Your health plan does not cover payment for missed appointments; therefore, you are responsible for payment in full.

Late Arrivals

Sessions of late arrivals will end on time and be billed at the standard session fee. If you are more than ten minutes late for an appointment, you will be billed directly for the portion of the session you missed based on the standard session fee or according to the rules of your health plan. Again, your health plan does not cover payment for missed session time; therefore, you are responsible for payment of missed time in full.

Inclement Weather Policy

For my safety and the safety of my clients, I follow the Cherry Creek School District's weather closures. If CCSD delays the start of school or closes schools for the day due to weather conditions, my office will do the same. I will notify clients to cancel and reschedule appointments as soon as that determination is made or offer telehealth video sessions if clinically appropriate and you are interested in and able to take that option. If my office is open for the day and you choose to cancel your appointment due to weather conditions, I will offer you a telehealth session if clinically appropriate. If my office is open for the day and you chose to cancel your appointment due to weather conditions and are not able to participate in a telehealth session, the session will be treated as a late cancellation and you will be billed directly according to the standard session fee or according to the rules of your health plan as per my cancellation policy. Please note that telehealth sessions may not be covered by your health plan. You will need to contact your insurance carrier to determine if your specific health plan covers telehealth sessions. If telehealth sessions are covered by your health plan, you will be responsible for any applicable deductibles, co-insurance, and co-payments. If your health plan does not cover telehealth sessions at the time services are rendered or your claim is denied for any reason, you are responsible for payment in full based on the standard session fee or according to the rules of your health plan.

Overdue Balances

Invoices will be sent at the end of each month for any outstanding/overdue balances. Overdue balances not paid after 30 days are subject to a \$5.00 late fee per month on the unpaid balance, unless previous arrangements for payment have been established and agreed upon. This \$5.00 late fee will be applied to the total unpaid overdue balance at the end of each month. Overdue balances not paid after 90 days may require utilizing the services of a collection agency to secure payment, which may require the disclosure of otherwise confidential information. In most collection situations, only information necessary to secure payment will be released (e.g., demographic information). If collection and/or legal action is necessary to secure payment, you will be responsible for the full amount of these costs and these costs will be included in the claim.

Telephone Calls

If you need to speak with me between scheduled appointments, please leave a voicemail message and I will return your call as soon as possible. I do not charge for brief telephone conversations. However, any telephone call that goes beyond ten minutes will be billed to you directly on a prorated basis based on the standard session fee.

Electronic Communication

Please be advised that email is not a secure method of private communication. As such, it is advised that you do not send confidential information nor discuss clinical issues via email. Email may be used to contact me regarding appointment scheduling and/or other administrative and non-clinical issues, as long as you understand and agree to the risks. Alternately, you may message me securely through your patient portal. Please note, email and secure messaging are not appropriate methods of contacting me in the event of an emergency. Please see emergency contact procedures as defined below.

Other Professional Services

Other professional services will be billed to you directly on a prorated basis based on the standard session fee. This includes services such as responding to electronic communication, report writing, consulting with other professionals on your behalf, 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. Because of the difficulty of legal involvement, I charge \$250 per hour for preparation, travel, waiting, and attendance at any legal proceeding. Should you ever become involved in a divorce or custody dispute, please understand that I will not provide parenting recommendations, custody evaluations, or expert testimony regarding these issues in court as this goes beyond the scope of my practice.

Treatment Records Maintenance

Client treatment records will be maintained for seven years following the last date of service delivery for adults or until three years after a minor reaches the age of 18, whichever is later. After that period, treatment records will be destroyed in compliance with Colorado State Law. Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered the misconduct.

Emergency Procedures

If you experience a clinical emergency, please follow the emergency contact procedure outlined on my voicemail message, and I will return your call within one hour. Please do this for true emergencies only. Any return emergency call that goes beyond ten minutes will be billed to you directly on a prorated basis based on the standard session fee. In a life-threatening emergency or if you cannot wait for my return call, please call 911 or go to the nearest emergency department.

I, the undersigned, agree to the following:

Release of Information

I authorize the release of information regarding my treatment to my health plan/insurance carrier for the payment of claims, certifications/case management decisions, and other purposes related to the administration of benefits for my health plan.

Consent for Treatment

I further authorize and request that my treatment provider carry out mental health examinations, treatments, and/or diagnostic procedures, which now, or during the course of my care, are advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Consent

I have read and been advised verbally of my rights and responsibilities as a client. I understand my rights as a client and agree to all of the information contained in this Information, Disclosure, and Consent form. A copy of this information has been given to me for my records.

Client (or Guardian) **Signature** Date

Client (or Guardian) **Printed Name** Date

Jennifer Ritchie-Goodline, Psy.D. Date