

SANDRA L. HOLMAN, PH.D.
6059 South Quebec St, Suite 203
Centennial, CO 80111
(303) 795-1800
(303) 790-5868 Pager

Welcome to my counseling and psychotherapy practice. I look forward to working with you.

My focus is in helping you to make change in the areas you identify, and I am flexible in my approach in response to your direction. In my therapy, I seek to understand you and your concerns by active listening with empathy and compassion. I think that change and growth occur within a relationship, and that it is the therapeutic relationship which enables people to find their own ways through anxieties, depression, fears, confusion, abuse, relationship or life changes. I often work from a developmental perspective to help people change the meaning of their past in their current lives. I have 40 years of psychotherapy experience with adults, adolescents, and young children.

Most clients come on a regular basis, such as weekly or every other week, and often work for 6 months to a year at a time. Sessions usually last 50 minutes, but may be extended to 75 minutes for couples, families or whenever indicated.

Following is some information about my policies and procedures.

Confidentiality

The information you discuss during a psychotherapy session is protected as confidential under law (CRS 12,43,214 (l)(d)) with certain limitations.

- X It is my policy to report suspected child abuse without an investigation to the proper authorities who may then investigate.
- X I also may take some action, such as seek an order for your emergency or involuntary commitment, without your consent if I deem you to be a serious harm to yourself or another. Any action I take without your consent will be discussed with you.
- X If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- X If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- X If you chose to use your health benefit plan, you will have given your insurance or managed care company consent to obtain required confidential information for the purpose of determining eligibility for reimbursement.
- X I may seek consultation from another mental health professional. However, your full identity will be protected to the extent that I am able, and your privacy will be protected by that professional.
- X If another mental health professional is involved in your mental health treatment, I may collaborate in order to coordinate care for your benefit.
- X Clerical persons hired by me may have access to limited confidential information. This information is protected from further disclosure and is used solely for administrative purposes.
- X When I am away from my office for a few days, I may ask another licensed therapist to cover emergencies for me. Generally, I will tell this therapist only what he or she needs to know for an emergency.

Health Care Benefits

In the event that you choose to use your health care benefits and my services are reimbursable under your insurance plan, you will have to give me written authorization to release required information. Released confidential information may range from identifying information, diagnosis, dates and types of sessions and charges to a complete assessment with treatment goals and progress reports when your benefits fall under managed care. My policy is to provide only the least amount of information necessary for the purpose of authorizing benefits. I can no longer be in control of the storage of confidential information nor access to your confidential information when it is given to a third party. The insurance company will determine benefit coverage and the kind of service for which they will reimburse. I will discuss with you my recommendations for treatment, and you will decide how you want to proceed. You are responsible for seeing that my services are paid for.

Availability

You may leave a voice mail message 24 hours a day, and I or a designated backup therapist will attempt to return your call within 24 hours during the weekdays or on the first working day following a weekend or holiday. In the event of an emergency you may page me for a faster response, either through an urgent message at my office number (303) 795-1800 or by paging me at (303) 790-5868. It is my preference to discuss issues for therapy in scheduled sessions. During my vacations or absences from my practice, I will designate a backup therapist to cover any emergencies.

Records

Records include identifying information, dates and types of sessions, an assessment and diagnosis, a treatment plan, progress notes, and any consultations or collateral contacts made. My private psychotherapy notes are kept separate, and further protected from unauthorized access. Your records will be stored safely with attention to your privacy for at least 10 years as required by Colorado Statute. They can only be released with your written permission and direction, and if you were seen in couple or family sessions, all adults present would have to sign the release. It is my policy to not release an entire record, even with your consent. Instead, I may summarize the content related to the request. You will be granted reasonable access to your record. You may request, in writing, an amendment to your record. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the recordings.

Termination

Termination will usually be agreed upon mutually, but you are free to terminate at any time. However, in a few special instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

I have been informed of my therapist's degrees, credentials, and licenses. I have also read the preceding information and understand my rights and responsibilities as a client.

Client Signature (Guardian for Minor)

Date