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POLICIES AND PROCEDURES

Welcome to my counseling and psychotherapy practice. I look forward to working with you. 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; or perhaps longer. Sessions usually last around 50 minutes long. Dr. Gressner works collaboratively with each of her clients to discuss the optimal length of therapy for clients given their current goals for change.

Confidentiality

The information you discuss during a psychotherapy session is protected as confidential under law CRS 12,43,214 (1)(d) with certain limitations:

- It is my policy to report suspected child abuse, without an investigation, to the proper authorities who may then investigate.
- 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.
- If I am unable to collect my agreed upon fee, I may send your name and address to a collection agency.
- If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.
- 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.
- I may seek consultation from another mental health professional. However, your identity will not be revealed without your consent, and your privacy will be protected by that professional.
- 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.
- 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.

Confidentiality Concerns unique to Couples and Families

- If you choose to tell me something your **spouse** does not know I cannot ethically agree to keep it from him/her if it would harm him/her not to know. I will work with you to decide on the best long term way to handle situations like this.
- In **family therapy cases** the confidentiality issues can become very complicated because I have a mixture of responsibilities to different members. We will clarify the purpose of our therapy

and my role in regard to your family so that we can determine any limitations on confidentiality, if any, which might exist.

- If you or your spouse has a **custody** agreement, or a court custody hearing, I need to know about it.
- If counseling does not resolve the marital difficulties and you seek **divorce** you will not request my testimony for either side, although the court may order me to do so.

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 cannot 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 will make every effort 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 contact 911 or go to your nearest hospital emergency room. 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 are 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 will 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, but not my psychotherapy notes. 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. At times during the therapy, particularly when dealing with trauma issues or grief /loss, clients

initially report feeling worse before they begin feeling better. This is typical and you should feel free to discuss this with me at any time. 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, or 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 Name (Printed):

Client Signature:

Date:

Therapist's Signature:

Date: