

About Therapy

Psychotherapy can be a very rewarding and sometimes challenging process. The information and policies that follow are intended to clarify various legal, financial and practical aspects of the process so that we have clear agreement from the outset. In this way, these aspects will interfere as little as possible with ongoing therapy.

My Training

B.A. (1975), Psychology, Cowell College, University of California at Santa Cruz
Ph.D. (1985), M.A. (1981), Clinical Psychology, University of Colorado at Boulder

My Credentials

- Fully Licensed by the State of Colorado for the Practice of Psychology; License Number 1209 (since July 15, 1988)
- Member in good standing of the American Psychological Association, the Association for Psychological Science, and the Colorado Psychological Association.
- I participate as a "preferred provider" with a few select insurance plans, and with Medicare. For other insurance companies, my licensure allows you to use out-of-network benefits.

My Services

I am a clinical psychologist with expertise in individual, group and conjoint marital/family psychotherapy. My practice generally consists of seeing outpatients in my Boulder office and occasionally working with residents or inpatients at certain other facilities such as a nursing home or a psychiatric hospital. I have worked extensively with adults, adolescents, and geriatric clients.

The duration of therapy can be quite variable, from very brief to long-term, depending on the nature of the problem(s) and the needs and wishes of the client. Frequency is typically once a week, although more or less often is sometimes preferable.

My therapeutic approach is eclectic, combining psychodynamic, cognitive, biologic, and systems theories. My use of both compassionate listening and active intervention, as appropriate, is designed to help achieve better self-understanding and well-being, improved relationships, and positive changes in one's life. My background, training, and personal philosophy allow me to blend alternative and traditional methods of psychotherapy into an integrated whole.

Confidentiality

Any information that you convey to me in the course of evaluation or treatment is strictly confidential and a legally protected "privileged communication" which generally may not be revealed to anyone without your consent. The only exceptions are mandated by Colorado statutes: a) any knowledge or suspicion of child abuse must be reported to Social Services for their investigation; b) if you become a serious and imminent threat to another individual, that person must be warned; c) if you become a serious and imminent threat to yourself (i.e., suicidal or gravely disabled), you may need to be hospitalized; d) if I am directed by a judge in a court of law (i.e., by subpoena) to reveal information, I must do so. However, it is rare that a court would require breaching confidentiality without your express consent.

You may request that I release certain information to someone else (e.g., your personal physician) at any time. I usually require your written and signed authorization. If you want to use insurance to help pay for my services, your insurance company will require a clinical diagnosis. If they require more detailed information, I will discuss with you how much you wish me to disclose.

Fees

My standard outpatient fee is \$125 per 45-minute individual or conjoint psychotherapy session, or \$160 per 60-minute session. For outpatient diagnostic services (usually including the initial full-hour psychotherapy session), testing, and report-writing, I bill at a rate of \$160/hour. For inpatient treatment or hospital-based Day

Treatment, I charge \$200 per hour because of the additional documentation, consultation, and liaison time required. These fees reflect the current standard and cost of care in this region and fall within the "usual and customary" fee limits of most insurance companies, although some insurers utilize arbitrary or outdated lower limits in an attempt to hold down their costs.

In certain cases of financial hardship, alternative agreements may sometimes be made. Discounts may also apply to certain self-pay situations where no administration is required.

I am only willing to testify in a deposition or in a court of law under extraordinary circumstances, and I will bill you for both my preparation time and testimony at \$320 per hour (double my usual rate).

How to Reach Me

The best way to leave me a message is to call my Voice Mail system at (303) 473-4433; it will automatically signal me that a message is waiting. If there is a genuine emergency and you need to reach me immediately, you may call my cell phone directly (303/818-4041) or at home (303/494-4181) outside of normal business hours. I will answer or return the phone call as quickly as possible.

When I am out of town I will arrange for one of my colleagues to cover emergencies in my practice. In that case, my Voice Mail message will tell you whom to call.

In the unlikely event you are not able to reach me or my back-up, the Mental Health Center of Boulder County runs a 24 hour Emergency Psychiatric Service (303/447-1665).

Patient Rights

As a patient, you are entitled to receive information about my training and methods of psychotherapy, the anticipated duration of treatment, and my fee structure. You are encouraged to discuss your progress in treatment. You may seek a second opinion from another therapist, and you may terminate therapy at any time.

You should be aware that no one may hold the title of Psychologist unless he or she meets specific standards established by the Colorado Department of Regulatory Agencies. The psychology license certifies that you are seeing a doctor who has been trained and supervised in the diagnosis and treatment of mental conditions.

The practice of licensed or "registered" (unlicensed) persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. I am required to explain the different types of mental health professionals: *Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. 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, and complete required training hours and 1000 hours of supervised experience. 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.*

The current licensing statute requires me to inform you explicitly of what should be obvious, namely, that sexual contact between patient and therapist is not a part of any recognized therapy and that in a professional relationship, sexual intimacy is never appropriate, is illegal, and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Ending Therapy

"Termination" is an important part of the process of psychotherapy. My expectation is that we will discuss its prospect during our regular psychotherapy sessions and that the actual ending will be done face-to-face in a therapy session. Bringing closure in this way helps to solidify and even to augment the benefits and changes that therapy has achieved.

I have read the preceding information; it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

Print Client's name

Client's or Responsible Party's Signature

If signed by Responsible Party, please state relationship to client and authority to consent

Date

Financial Responsibility

Paying for Professional Services: Health services involve expense. In the area of mental health, the feelings of the client about treatment and expenses are very important. Research and experience have shown that when a client gets behind in payments for treatment, the treatment itself suffers. For example, in such a situation, the client may be tempted to quit treatment early, before problems have been dealt with adequately. Payment in full is due at time of service or, if you prefer, upon receipt of my monthly statement, which is usually sent near the beginning of each month.

Any balance that has accumulated in your account is due and payable by the end of the month. There will be a finance charge of 1.5% per month (18% per annum) added to all unpaid balances beyond one month, unless other arrangements are made in advance. There will be a \$35 charge for any check returned due to insufficient funds, in addition to any bank fees you may incur.

Please be aware that your account may be referred to a professional collection agency (and that this action could adversely affect your credit rating) if you do not complete payment on an unpaid balance within a reasonable period of time and have not worked out an acceptable payment plan. You agree that if it becomes necessary to forward your account to a collection agency or an attorney, you will also, in addition to the amount owed, be responsible for the fee charged to me by the collection agency for costs of collection, and reasonable attorney fees, along with any additional costs awarded by the court.

Missed Appointments: My income is derived solely from professional time spent with clients. Once I have made an appointment with a client, I have committed to be at that location (office or other facility) for that amount of time. If you make an appointment and fail to keep it, I must charge for that time unless you have given me at least 24 hours advance notice so that I have the opportunity to rearrange my schedule. Failure to keep an appointment will be indicated on your monthly statement and will not be reimbursed by your insurance company. In the event of a bona fide emergency (e.g., illness, accident), I will of course waive the 24-hour notice requirement.

If you are late for an appointment, the session will most likely have to end at the regular time and you will still be charged for a full session.

If you need to reschedule an appointment, please let me know as soon as you can so that I may best accommodate your needs.

Insurance: As a Licensed Clinical Psychologist, my services are generally covered by health insurance. The deductible amount, rate (percentages), and limits of coverage vary considerably between policies. You may want to verify your specific benefits, especially if there is a chance therapy must be pre-authorized. Your policy is a contract between you and your insurance company (and, possibly, your employer). I am not usually a party to that contract.

You will be expected to pay for services when they are rendered, or upon receipt of the monthly bill. With most insurance plans, my billing service will file a claim with your insurance company (if you so request) and ask you to pay the estimated deductible and/or copayment. Anthem BC/BS will only reimburse you and will not send payment to me. In that case, you will need to pay in full and my office will submit claims on your behalf, or provide you with an insurance claim you can submit for reimbursement if you prefer.

Initial one:

_____ I understand that I am responsible for paying Dr. Gerritsen in full and for submitting my own insurance claims, if I so choose. I also understand that a 1.5% per month finance charge will be assessed on balances due over 30 days.

_____ I understand that Dr. Gerritsen will bill my insurance organization and that I am responsible for promptly paying any co-insurance portion. I hereby authorize my insurer to send payment directly to Dr. Gerritsen. (Name of company: _____)

Signature: _____ Date: _____

Witness: _____