Carolyn Aibel, Ph.D.
Licensed Clinical Psychologist

Informed Consent and Release for Children and Adolescents

The Colorado State Department of Regulatory Agencies now regulates the practice of both licensed and unlicensed psychotherapists and requires that I give you specific information about my practice and myself. As a psychologist, I see children, adolescents and adults. My professional background includes: a Bachelor of Arts in Psychology from Wesleyan University in Connecticut in 1995; a Masters in Clinical Psychology from the University of Colorado at Boulder in 1998; Completion of a Predoctoral Clinical Internship at SUNY Upstate Medical University in Syracuse in 2002; and a Ph.D. in Clinical Psychology from the University of Colorado at Boulder in 2003. I am licensed as a psychologist in the state of Colorado (#2882).

There are Federal guidelines that require that I offer confidentiality to your child around some issues and that I speak about others. Specifically, I am bound to hold as confidential any information I receive about drugs and alcohol use. Only with your child's permission can I share such material. I am likewise required to break confidentiality if I assess your child to be in immanent risk of committing suicide or homicide. I must also report to Social Services any allegations of abuse or neglect. From my experience, I find my work moves much better if I have your consent to keep all but the regulated material confidential. It will allow your child to build a more trusting and forthright relationship with me if we all agree that I can keep his/her privacy. I will work with your child to increase skills in communicating with you. In addition, if material arises that seems beneficial to discuss with you, I will talk with your child and receive his/her consent to share this information. I will also be happy to speak with you about the sorts of issues we are looking at and whether or not we are engaged in meaningful work. At all times, I will want to hear your perspective on how things are going. I will be happy to consult with you on parenting issues that may arise in the course of treatment. It is my strong preference to be kept out of the courtroom. If this is a divorce situation my purpose in not to conduct custodial evaluations but, in part, to offer your child respite from such proceedings.

You are entitled to receive information at any time about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. Dual roles, exploitation, and sexual intimacy are never appropriate in a professional relationship and should be reported to the Grievance Board. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the State Board: Mental Health Section of the Colorado State Grievance Board, 1560 Broadway, Suite 1370 Denver, Colorado 80202, 303-894-7766.

I am an independent practitioner and am not legally or professionally affiliated with any other mental health professional. My colleagues and I in this office share this suite but do not operate otherwise as a group practice and do not share treatment responsibilities.

If you are utilizing insurance, I am requesting your permission to provide your insurance company or its representative with any information concerning your child's diagnosis and treatment. This information may include (but is not limited to) information about diagnosis, treatment, insurability, and peer review for the purpose of determining continued insurance support. Some health insurance companies will reimburse clients for my counseling services and some will not. In addition, most will require that I diagnose your child's mental health condition and indicate that s/he has an "illness" before they will reimburse you. Some conditions for which people seek counseling do not quality for reimbursement. If a qualifying diagnosis is appropriate in your child's case, I will inform you of the diagnosis I plan to render before I submit it to the health insurance company.

2027 11th St.
Boulder, CO 80302
Telephone: 303-579-3010

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My billing rate is $120.00 per 50-minute session. I ask that you pay me at each session. If you are using insurance, I will give you monthly billing statements so that your insurance company can reimburse you. Because you will be paying me each session for my services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any insurance company payment to me. Additionally, I reserve the right to use a collection agency to collect fees that are more than 120 days past due, unless we have agreed on an alternative payment plan. **Please contact me at least 24 hours ahead of time if you need to cancel an appointment**. Your appointment time is reserved for you; I cannot use it for other purposes without sufficient notice. Without 24 hours notice, I will charge you your session fee for the missed appointment. Occasionally I may make an error and forget an appointment or record it incorrectly on my schedule. Your time and your child's time are valuable too. Therefore, if I make such an error, the next session is free to compensate for your inconvenience. From time to time I raise my regular fee. I will give you at least one month's notice prior to doing so.

You can reach me by leaving a message on my voice mail at 303-579-3010. Because there are times that I am not available, I do not provide emergency services or immediate crisis intervention. In the event of a psychiatric emergency, please leave me a message on my voicemail indicating that you are in a state of emergency and call 303-447-1665, Boulder Emergency Psychiatric Services.

I have read and I understand the information outlined in this Consent and Release Form. I have had my questions answered to my satisfaction. I have received a copy of this form for my own records.

_____	_____
Client Signature	Date
_____	_____
Parent/ Guardian Signature	Date
_____	_____
Witnessed	Date

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