

**Dr. Cindy Rollins, PsyD**  
**Licensed Clinical Psychologist**  
**1680 Iron Springs Road Suite 103**  
**Prescott, AZ 86305**  
**(928) 458-5817**

## **PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, the goal of which your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

**Confidentiality:** With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. When information is transmitted about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

The following are legal exceptions to your right to confidentiality. I would inform you of any time will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 24 hours and Adult Protective Services immediately.

3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

**Other Rights:** You have the right to ask questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to do what I am doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I am not the right therapist for you. You are free to leave therapy at any time.

**Email Usage:** If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Additionally, because of potential confidentiality risks, I cannot guarantee the security of email communication, and I am not liable for improper disclosure of confidential information that is not caused by intentional misuse. Please let me know if you would prefer not to communicate via email.

**My Training and Approach to Therapy:** I have a Doctorate in Clinical Psychology earned in 2010 at University of La Verne, California. I am a licensed psychologist (#4220) in Arizona State. My areas of special training and expertise include managing mood disorders, such as anxiety and depression, grief and loss issues and specifically working with survivors of trauma, as well as children, adolescents and adults adjusting to a medical condition as well as assisting people in recovery from alcohol and drug abuse. I use an integrative approach, often pulling from cognitive behavioral therapy, humanistic therapy while incorporating a strengths-based framework that focuses on increasing each individual's awareness of his or her inner resiliency in overcoming challenges. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal keeping, workbooks, drawing, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a medical health care provider, nutritionist or other specialist. I may suggest that you get involved in a support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your

beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

**Responsibilities as a Therapy Client:** You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 55 minutes. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. The only exception to this 24-hour rule about cancellation is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires), or if you or someone whose caregiver you are has fallen ill suddenly. If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual. If you arrive for a session and there is concern that you are under the influence of a mood-altering chemical, I may request that you surrender your car keys and obtain an alternative means of getting home. If you refuse to comply with that request, I may call law enforcement to come evaluate whether or not you are safe to drive.

You are responsible for paying for your session weekly unless we have made other arrangements in advance. Fees and/or copayments are due at the end of each session unless arrangements are made to send a bill to a third-party.

**Extended Absences:** I am away from the office several times in the year for extended vacations or to attend professional meetings. I will tell you well in advance of any anticipated lengthy absences. I am available for brief between session phone calls during normal business hours.

If you are experiencing an emergency when I am out of town, or outside of my regular office hours please call the National Lifeline Hotline at (800) 273-8255. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

**Termination of Treatment:** You normally will be the one who decides therapy will end, with these exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If in my judgment I am unable to help you, because of the kind of the presenting problem or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, any of my staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. I may also terminate with you if payment is not made for services provided. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

**Client Consent to Psychotherapy:** I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the agreed upon fee or co-pay fee per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Dr. Cindy Rollins, Psy.D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Rollins.

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Signature of client

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Date