A NEW DAWN PSYCHOTHERAPY

 Bonnie L. Gertz MA, LPC, LAC

 303-910-1148

 DISCLOSURE STATEMENT

PHILOSOPHY:

 I am trained in a variety of therapy modalities, including EMDR (eye movement desensitization and reprocessing), CBT (cognitive behavioral therapy), DBT (dialectical behavioral therapy), IFT (internal family therapy), and IMAGO therapy for couples. I believe it is important to match appropriate therapeutic techniques to the needs of each individual client. As a client-centered therapist, I will work to create a safe and supportive environment within which you can heal emotional wounds and come to experience more of the satisfaction life has to offer.

FEES:

 My standard fee is $130 per 55 minute session. I can discuss a sliding scale in individual cases of need. Payment can be made by check, cash, Paypal or Venmo, and is due at time of service. The hourly rate will be charged for specific report writing, court appearances, and out of office meetings that are not part of standard client care.

INSURANCE: Currently, I am in network with Multiplan, Compsych, Mines and Associates, and can bill as an out of network provider with Tricare. Many policies will reimburse a percentage of charges paid by clients for out of network therapy, and I can help clients file these claims.

APPOINTMENTS:

 24 hours notice is required for cancellation or change of appointment. The full fee will be charged for missed appointments without 24 hour notice. Overdue bills can be subject to a 5% interest rate, and/or may be submitted to a collections agency.

To set or change an appointment, please call or text me at 303-910-1148. Do not email.

PHONE CALLS:

I try to keep phone calls brief and to the point. If calls are more than 10 minutes, the time will be charged at the hourly rate. I will schedule phone sessions as necessary, charged at the hourly rate. If you have an emergency, please call 911.

CONFIDENTIALITY:

Confidentiality of client records is protected by 42CFR Federal Law and HIPPA (Health Insurance Portability and Accountability) regulations. Client-therapist confidentiality is maintained except 1. When there is a signed release of information on file, 2. When issues of child abuse/neglect are suspected as legally mandated, 3. When there are serious and imminent concerns of suicidal or homicidal actions, or if client is disabled and unable to care for him/herself, 4. When court ordered.

CREDENTIALS, BACKGROUND AND EDUCATION:

 Licensed Professional Counselor, Colorado License # 0011189

 Licensed Addictions Counselor, Colorado License, #0000395

 Master Degree - Counseling, University of Colorado, Denver

 Bachelor of Arts Degree - English, Secondary Education, University of Colorado, Boulder

SEXUAL INTIMACY:

 Sexual intimacy within the therapy context between client and therapist is destructive, unethical, inappropriate and illegal within the state of Colorado.

SOBRIETY DURING SESSIONS:

I require clients to be clean and sober when they come to a therapy session. That means no mood altering substances in your system for at least 24 hours before. We cannot get real work done if you are in an altered state.

YOUR RIGTS:

 The key to successful treatment is a solid partnership built with trust, honesty and remaining true to your therapeutic goals. As part of this partnership, I invite you to ask questions about your

treatment, therapy methods, projected length of treatment and any other questions that may arise as part of our work together. You may also seek a second opinion at any time with whomever you desire.

 You can conclude your work with me at any time. Colorado House Bill #1026 informs you that the Colorado Department of Regulatory Agencies has the responsibility of regulating the practice of licensed psychologists, clinical social workers, professional counselors, addiction counselors and unlicensed psychotherapists. The agency within the department that has specific responsibility for licensed and unlicensed therapists is:

 State Mental Health Grievance Board: 1560 Broadway, Suite 1340, Denver, Co. 80203

 303-894-7766

PRACTICE DISCLOSURE:

A New Dawn Psychotherapy is the private practice of Bonnie L. Gertz, MA, LPC, LAC, and has no affiliation with any other therapist or counseling service.

I have read the attached disclosure statement and have been informed of my therapist’s

credentials and my rights as a client. I understand and agree to all provisions and agreements as outlined in this document.

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 Client signature Date