

Regis University
Office of Counseling and Personal Development
3333 Regis Boulevard, F-12
Denver, CO 80221-1099
303-458-3507
Fax: 303-964-5406

OUTPATIENT SERVICES CONTRACT/INFORMED CONSENT

Therapist's Names:

Chaney Givens, Psy.D., Director - Psychologist license #2672
Melissa Auringer, Psy.D., Associate Director, Psychologist license #4069
Mary Stall, Psy.D., Staff Psychologist - Psychologist license #2799
Cindy Wander, M.A., L.P.C., L.M.F.T., Staff Counselor - Marriage & Family Therapist license #931
Professional Counselor license #5496
Amy Ginsberg, Psy.D., Staff Psychologist – Psychologist license #3980
Neal Brugman, Psy.D., Staff Psychologist – Psychologist license #3786
Gina Carlson, Psy.D., Staff Psychologist – Psychologist license #3969
Sarah Long, M.S., Graduate Intern
Christina Recchiute, M.A., Graduate Intern

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 Certified Sport Consultant has completed the appropriate education/coursework related to this profession and has also completed the necessary hours/supervision to obtain this certification. A Doctoral Psychology Intern has a master's degree in psychology, has completed all coursework for a doctoral degree in psychology, and is currently completing a full-time year-long clinical internship in order to obtain a doctoral degree. A Graduate Intern has a master's degree in psychology, is currently enrolled in a doctoral degree program in psychology, and is concurrently engaging in part-time practicum work. Graduate and Doctoral Psychology Interns are supervised by licensed psychologists.

12.43.214(1) (c) CRS: The practice of mental health services in the State of Colorado is regulated by the Mental Health Section of the Division of Professions and Occupations. Any questions, concerns, or complaints regarding the practice of mental health may be directed to:

State Board of Registered Psychotherapists
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800

This document contains important information about our professional services and business policies. Please read it carefully and let us know if you have any questions. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client, and the particular problems you bring forward. There are many different methods we may use to deal with the problems that you hope to address. You are entitled to receive information from your therapist about the methods of therapy, if known, and the fee structure. You can seek a second opinion from another therapist, either within OCPD or with an outside therapist, or terminate therapy at any time. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

In a professional relationship, such as ours, sexual intimacy is never appropriate and should be reported to the board that licenses, registers or certifies the licensee or registrant. If you have any questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion. In addition, you may switch to a different therapist within the Office of Counseling and Personal Development by speaking with the Director, Dr. Chaney Givens, to discuss the need for a change and then, if appropriate, terminating with your current counselor.

COUPLES/FAMILY THERAPY:

In couples and/or family therapy, the therapist may disclose information shared individually, in or out of a session, with the absent member(s) based upon his/her professional judgment. All members of the couple or family have access to the file. By signing this disclosure statement you acknowledge this and release information in this manner.

GROUP THERAPY:

In group therapy, confidentiality is important for the development of trust among group members and essential to the effectiveness of group therapy. In order for all group members to feel comfortable self-disclosing in the group, there must be a respect for each member's right to privacy and protection of confidentiality. Professional ethical standards require that your group leaders maintain confidentiality, and as a group member you agree to maintain confidentiality as well. You may wish to discuss your own participation in the group with family and close friends, but it is not permissible to divulge names or identities of the other group members, or any information discussed in the group. It is the expectation and hope that all group members will abide by these standards, but we cannot guarantee that other group members will maintain confidentiality.

APPOINTMENTS

We will usually schedule one 45-50 minute session per week at a time we agree on, although some sessions may be longer/shorter or more/less frequent. We expect you to keep your appointment. If you are unable to make your scheduled appointment, please call 24 hours in advance, so we can assign that hour to another student; or within 24 hours after the missed appointment to schedule a follow up appointment.

In addition, all attempts will be made to comply with your request for a certain therapist. Sometimes caseload and other commitments may make this impossible; however, all members of the staff are competent professionals under the supervision of Dr. Chaney Givens, Director of OCPD.

LATE CANCEL/NO SHOW POLICY: Due to the high demand for our services and the limited number of session times available, if you have a combination of 3 no shows/late cancellations (cancelling without at least 24 hours advanced notice) within a semester (fall/spring/summer), OCPD reserves the right to terminate treatment and to refer you to treatment within the community at your own cost for the remainder of the academic year (up to 2 semesters).

PROFESSIONAL FEES

Services provided through Regis University Office of Counseling and Personal Development are free to full-time undergraduate Regis College students, Doctoral Physical Therapy, Doctoral Pharmacy, Masters in Biochemical Sciences, and Accelerated, CHOICE and Traditional Nursing Students. Students in the College for Professional Studies and Health Care programs not listed above are not eligible for services but may seek a one-time crisis consultation in order to obtain an off-campus referral.

If you are referred to our consulting psychiatrist, the University, as part of the Office of Counseling and Personal Development, assumes the cost of the evaluation and all subsequent visits (e.g. follow ups, medication checks) as long as you are a current OCPD therapy client. Some restrictions may apply so talk to your therapist about this treatment option.

CONTACTING US

Regis University Office of Counseling and Personal Development is open from 8:30 am – 5:00pm, Monday through Friday (except University holidays). We will not answer the phone when we are with a client, but our telephones are answered by a voice mail system that we monitor frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. You may contact your therapist via electronic mail though you need to be aware that email communications cannot be guaranteed to be confidential. By providing your email address on the intake paperwork or contacting your therapist via email, you acknowledge understanding of this limitation. If you are attempting to schedule an appointment with us, you may also call the main Office of Counseling and Personal Development telephone number at 303-458-3507 and someone can assist you. After hours, during weekends and holidays, the main office phone is answered by Protocol Services—an after-hours, telephone support system staffed by master’s level mental health clinicians. These clinicians have been provided with Regis University and OCPD protocols and can assist you with both mental health support and providing resources to you. They are bound by the same limits of confidentiality and ethical standards that are used within OCPD.

If you are living on campus and have a psychological emergency after hours or on the weekend, please contact your RA, Residence Life Professional Staff, Campus Security (x 4122) or 9-911 for further assistance. If you are an off-campus student and have a psychological emergency after hours or on the weekends, we ask that you please call 911 or go to your nearest, approved emergency room.

PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. Our center uses Titanium, which is a paperless, computer-based client record management system. Therefore, we do not maintain any hard copies of your file. The Titanium program is installed only on counseling center staff computers and is protected by a username/password unique to each counselor. The overall system is stored on a secured server within the Regis University Information Technology Services (ITS) system but the ITS staff members do not have access to individual files at any time. You are entitled to receive a copy of your records unless we believe that seeing them would be clinically contraindicated, in which case we will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Additional information about your client record can be reviewed in the HIPAA Notice of Privacy Practices.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents/legal guardians the right to examine your treatment records. It is our policy to provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. Before giving them any information, we will discuss the matter with you, if possible, and do our best to handle any objections you may have to what we are prepared to discuss. Ultimately, however, if your parents/legal guardians want information about your treatment and you are a minor, they do legally have the right to that information and we would have to provide them with that information if requested. Once you turn eighteen years of age, a new client file will be created so that information obtained after your eighteenth birthday will not be accessible by your parents/legal guardians without your written consent.

RESEARCH PARTICIPATION

Regis University Office of Counseling & Personal Development participates in a national research project designed to improve our services and expand the knowledge about college student mental health. We participate by contributing anonymous, numeric data provided by those who use our services to a database managed by researchers at Penn State University via the Counseling Center Assessment of Psychological Symptoms (CCAPS) questionnaire obtained at intake and periodically throughout treatment. Data is stripped of all personally identifying information and then combined with anonymous, numeric data from other colleges nationwide for statistical analysis. Because data cannot be linked to specific individuals, there are virtually no risks contributing data. If you have questions, concerns or want to opt out of participating in this research project, you may contact Dr. Chaney Givens at cgivens@regis.edu.

CONFIDENTIALITY

In general, the privacy of all communications between a client and a therapist is protected by law, and we can only release information about our work to others with your written permission. There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado Revised Statutes (see section 12-43-218) and in the HIPAA Notice of Privacy Rights.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it, in which case we would be forced to comply.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a client's treatment. For example, if we believe that a child is being abused or neglected, or if we have information that a client was abused or neglected in the past (even though the client is now over the age of 18) but that the alleged perpetrator is currently around children and we suspect that abuse may still be occurring, we must file a report with the appropriate state agency (Colorado Revised Statutes section 19-3-304). It is then up to that state agency to make a determination regarding whether or not further action is necessary.

If we believe that a person identified as an at-risk elder is being abused, neglected or exploited or at imminent risk of abuse or exploitation, we must report this information to a law enforcement agency within twenty-four hours (Colorado Revised Statutes section 18-6.5-108).

If we believe that a client is threatening serious bodily harm to another or towards a specific entity that, if purposefully damaged or attacked, would jeopardized public health and safety (i.e. a specific building/location is named or group of people), we are required to take protective actions. (Colorado Revised Statutes section 13-21-117/2014 revised Colorado House Bill 1271). These actions may include notifying the potential victim(s), notifying campus administration, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. Additionally, under the Patriot Act, we are obligated to report threats to national security.

These situations rarely occur. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

We are a training facility and have two pre-doctoral trainees in our office. These trainees will be supervised by licensed, professional staff members in order to ensure quality of care. The sessions of all trainees will be video recorded for supervision purposes and you understand that your case may be discussed within the realm of supervision for treatment purposes only. Video recordings are deleted regularly and are not a part of client records.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have. We will be happy to discuss these issues with you if you need clarification, but we do not provide formal legal advice.

By signing the signature page provided, I hereby apply for evaluation, treatment and/or other services offered to me by the Regis University Office of Counseling & Personal Development and authorize communication among the professionals within the Office of Counseling & Personal Development for the purpose of professional consultation, treatment, and crisis concerns, as well as with the Protocall after-hours mental health therapists for the purpose of any after-hours crisis/concerns specific to my case. I have read this Outpatient Services Contract/Informed Consent and I acknowledge that no guarantees have been made to me as to the results of treatment.