

Healing Hearts Therapy, LLC
From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychology and Assessment



Disclosure Statement

Hello, and welcome to the practice of Dr. Robin Newman, clinical psychologist. Please take the time to read the following as it will provide you with information pertinent to the therapy process you will be participating in with her.

Theoretical Orientation

- Cognitive Behavioral Therapy (CBT)
- Aspects of Psychodynamic Therapy
- Family/Couples' Therapy
- Group Therapy
- Personality/Psychological Testing, IQ Testing, and testing for children/adolescence
- It is important that you also know that I am a Christian and when appropriate, if sought by you, I will integrate Christian therapy/principles into the therapeutic process as a backdrop to the therapeutic experience.

Expertise and Experience

- Therapy with children, adolescents, couples, families and adults
- Treatment and diagnosis of depression, mood disorders, personality disorders, anxiety disorders, PTSD
- Trauma work
- Treatment and diagnosis of ADHD, autism, and other childhood behavioral disorders
- Sex Addiction, Infidelity, Pornography, Emotional Intimacy concerns
- Experience teaching in the elementary to graduate level classroom
- Adjunct professor at Nazarene Bible College and NNU
- Key Note Speaker/Presenter
- Co-leader and founder of "Living Beyond the Ordinary: A Marriage Conference"

Client's Rights

- 1) **Confidentiality-** State law and professional ethics protect the confidential nature of the therapeutic relationship. Unless consent has been authorized by you, information you have shared will not be disclosed **except** in the following situations:
 - You have the intent to commit suicide or seriously harm yourself or others
 - Abuse (reported sexual, physical or emotional abuse) or neglect of a minor, the elderly, or another person under your care
 - Threat to national security
 - Professional conduct that is illegal or unethical, such as sexual behaviors or misconduct, according to the profession's standards
 - Court ordered testimonial
- 2) **Contact Information-** You may contact me by calling my office at : **719-260-1221** or in an emergency/crisis situation **call 911** or the **Crisis Line**
- 3) **Grievance Board Communication-** Sexual intimacy between client and therapist is not part of any recognized therapy and is **not allowed** as part of therapy sessions. Should it or any other inappropriate behavior occur, you have the right to report it to the Grievance Board at:

Department of Regulatory Agencies Texas State Board of Examiners of Psychologists (512)
305-7709

Client's Responsibilities

1. Cancel an appointment **at least 24 hours in advance** or you will be billed for the appointment time since that time could have been allocated to another patient in need.
2. If you need to contact me between sessions, please call the number provided and leave a message. Your call will **usually** be returned within 24 **business hours** unless I am out of the office
3. You may also email me at my business e-address. I will try to reply to emails within 48 business hours, but that may not always occur:
drnewman@healingheartstherapy.net
4. If you are dissatisfied or distressed by therapy, please discuss this with me so that a resolution can be attempted in a reasonable and timely manner. If your concerns are unable to be resolved, you will be referred to another therapist who may be able to better meet your individual psychotherapy needs.
5. You have the responsibility to inform me of changes in your life situation, living arrangements, or psychological needs.

****Please initial on the lines below to indicate your agreement to the terms stated:***

____ **Financial Agreement**

- * \$ 175.00 for the initial intake session
- * \$ 150.00 for each **45-50 minute** individual session
- * \$ 600.00 for psychological testing, fees vary for children's assessment

____ **Insurance-** If you choose to use your insurance for therapy services, as a favor to you, I will submit billing for the companies that I accept. However, you are responsible for any and all fees not covered by insurance. A bill will be sent to you after hearing from insurance with any rejections.

____ **Billing Statement-** Because I am limited on the insurances I accept, if I do not accept your insurance, you may submit an invoice to your insurance company independently. A billing statement showing that you have paid in full for each session can be provided when requested. Please note that the statements are not automatically generated or mailed out and must be requested in advance, however, this is not a guarantee of reimbursement from your carrier.

Disclaimer- Dr. Newman is **NOT** available for any court appearances in regards to work with clients of any age. Neither are clinical notes available for court use or other purposes. Therapy session notes will not be released to you, the client, for any purpose as they are legally protected; however, I will gladly provide you with a summary report at your signed request if desired. A testimonial will not be made available in matters of custody and divorce proceedings. By signing this form, you acknowledge and agree **not** to engage Healing Hearts Therapy or myself, Dr. Robin Newman, in any court matters and agree not to have a subpoena sent for testimony or for disclosure of treatment information in litigation. You further agree not to request letters or notes to be sent to your attorney or the court regarding work with you or your children in regards to legal matters of divorce. I will not make recommendations to the court concerning custody or parenting issues. The court can appoint other professionals who have trained experience with the court system and who have no prior relationship with family members to conduct an unbiased assessment or an investigation in order to make recommendations to the court concerning parental responsibilities.

***Having read and understood the above information, and being in sound mind, I agree to the above stated conditions. With this, I authorize therapy treatment, and or testing, by Dr. Robin Newman, Clinical Psychologist.**

Signature of Client

Date