Kathleen Doherty Robinson PsyD LLC
Licensed Psychologist #2284
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Denver, CO 80222
303-782-0433

Mandatory Disclosure Statement

The state of Colorado requires that I provide clients with certain information about the psychotherapy process. Please take time to read these pages carefully, ask about any matters that seem unclear and sign the second page.

Credentials

I am a Licensed Psychologist in the State of Colorado (CO. License #2284). I received my Bachelor of Arts degree from the University of Richmond in 1987. I received my Doctorate of Psychology from the University of Denver, School of Professional Psychology, and completed my postdoctoral training at The Children's Hospital in Denver, Colorado.

Client Rights

The practice of both licensed and unlicensed persons in the field of psychology is regulated by the Mental Health Licensing Section of the Division of Registrations. Any questions, concerns or complaints regarding the practice of mental health may be directed to: Mental Health Occupations Grievance Board, 1560 Broadway, Suite 1350, Denver, Colorado, 80202 (303-894-7800). As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, 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 Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state. I meet the requirements for a Licensed Psychologist.

Any person who alleges that a mental health professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

If you chose to work with me, you are entitled to receive information about methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You are always free to seek a second opinion from another therapist and may terminate therapy at any time. You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to the Grievance Board.

The information you share during therapy is legally confidential and cannot be disclosed without the your consent or the consent of your parent/guardian. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado Revised Statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly. The exceptions to confidentiality include but are not limited to: reporting of suspected child abuse or neglect to law enforcement; reporting any threat of imminent physical harm by a client to law enforcement and to the individual(s) threatened; conducting a mental health evaluation of a client who is of imminent danger to self or others or who is gravely disabled, as a result of a mental disorder; disclosing treatment information in response to a court order; disclosing treatment information to your insurance company and associated managed care organization for purposes of reimbursement; and reporting any suspected threat to national security. Please note, if you are a minor (age 17 or younger) and engage in behaviors associated with an eating disorder and/or self-injurious behaviors, I will notify your parent/guardian.

Under Colorado law, C.R.S. 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I will provide you with a treatment summary compliant with Colorado law and HIPAA Standards.

If you are involved in divorce and/or custody litigation, my role as a psychologist is NOT to make recommendations to the court regarding custody, parenting or financial issues. By signing this disclosure statement, you agree to NOT subpoena me to testify or disclose treatment information. Furthermore, you agree NOT to request that I write any reports to the court or to your attorney. The court can appoint professionals to conduct an evaluation or investigation concerning such matters.

Psychologists are expected to participate in peer consultation and review. These dialogues contribute to the treatment process and promote professional development. Consistent with a client's rights to confidentiality, these consultations are conducted with full regard for maintenance of confidentiality.

The fee for psychotherapy, consultation, and evaluation (including test scoring, report preparation, phone consultations/calls, e-mail exchanges, etc. 15 minutes or longer) is $200.00 per 50-minute session. The regular fee will be charged unless notification of cancellation is provided at least 48 hours before the scheduled appointment. Payment is due at the time of service unless prior arrangements are made with Dr. Robinson. If payment is by credit card, a 3% processing fee will be applied to each transaction. I will not bill your insurance company and I do not do any electronic billing. You are responsible for seeking reimbursement from your insurance company after submitting payment to me. A $25.00 fee will be assessed to balances 30 days past due and a $25.00 fee will be assessed for returned checks. Any balance due after 60 days will be charged a finance charge of 24% per annum. If payment is not received, your account will be referred to a collections agency.

If treatment is related to an eating disorder, I may require you to be followed by a physician and/or dietitian on a regular basis unless I have received written or verbal clearance by your physician or nutritionist. If you do not abide by this requirement, I will terminate treatment.

By signing this form, I acknowledge that I have been informed of Dr. Robinson's license, degree and credentials. I also acknowledge that I have read the preceding information and that Dr. Robinson has verbally presented it to me. By signing this form, I understand my rights as a client (or as the client's responsible party) and the confidentiality disclosures written above, and I agree to Dr. Robinson's fee and cancellation policies. I understand that I am entitled to receive a copy of this form at any time during treatment.

Print Client's Name	Print Name of Parent/Guardian/Responsible Party
Signature of Client	Signature of Parent/Guardian
Kathleen D. Robinson, Psy.D.	Date

If signed by Responsible Party, please print name and state relationship to client and authority to consent:

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