

PROFESSIONAL DISCLOSURE

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Psychotherapy Policy Agreement

Dear New Client:

The following information is intended to help explain some of the details of our working relationship. It is essential to choose a therapist whom you trust is right for you. Please read this agreement and feel free to ask questions.

MY BACKGROUND: I hold a Masters degree in Psychology from Regis University, Denver. I am also certified as a Jungian and Archetypal Psychotherapist and licensed by the State of Colorado as a Professional Counselor. I have over 20 years counseling experience with adults, teens, couples, families and groups. In addition, I am an educator and have taught for many years at the high school and university levels. I offer professional, as well as personal development seminars and work with the Outward Bound Schools in both Colorado and Costa Rica designing and implementing eco psychology programs based on outdoor challenges.

My Areas of Interest:

- Relationship and Family Counseling
- Divorce and Child Custody
- Substance and Sexual Abuse
- Domestic Violence and Survivors of Violence (Trauma Therapy)
- Eating Disorders
- Anxiety and Bipolar Disorders
- Depression and Grief Counseling
- Attention Deficit Disorders: Adolescent and Adult
- Gifted and Twice Exceptional populations
- Life Stage Transitions
- Conflict Management
- Eco Psychology Seminars

METHODS OF THERAPY: I work with a client-centered, integrative approach with focus on the mental, emotional, physical, and unconscious aspects. I am trained in a variety of methods, and what feels the most comfortable and empowering for you will be the technique we work with. I enjoy using cognitive/behavioral and rational emotive therapy, NLP, breath work, analytical psychotherapy (including dream work), gestalt, group process, hypnotherapy, solution-based therapy as approaches for healing, resolution and self-actualization.

CURRENT FEES: My fee is \$90/hour, but if you are in financial need I have a "sliding scale."

An individual session is typically an hour in length. Working with couples or families the sessions tend to be an hour and ½ in length. There is no charge for phone consultations of 10 minutes; longer calls will be billed at session rate. I will consider an "Attorney Lien" for Payment.

HEALTH INSURANCE: You are responsible for payment of the full fee at the time of the session. However, upon your request, I will present you with a bill with diagnostic code. You will then attach this bill to your insurance form and file it with your insurance company. The insurance company reimbursement is then sent directly to you. If necessary, other arrangements can be worked out.

CANCELLATIONS OR MISSED APPOINTMENTS: Cancellations should be at least 24 hours in advance or you will be responsible for paying for your scheduled time. Rescheduling (by either you or I) should also be made at least 24 hours in advance. You can leave a message on my answering machine (719) 495 6495 at any time.

EMERGENCIES: If an emergency should arise when I am unavailable, you can call the crisis worker at the El Paso County Human Services Department at (719) 636-0000.

CONFIDENTIALITY: All information discussed during sessions will remain confidential except in cases of eminent danger, for information requested by your insurance company, for criminal proceeding, or for collecting fees when in default of payment. A release form must be signed by you before information can be given to anyone else who you specify.

GRIEVANCES: My practice is regulated by the Department of Regulatory Agencies. Grievances about any therapists should be reported to the Department of Regulatory Agencies, State Grievance Board, 1560 Broadway, Suite #1340, Denver, Colorado 80202; (303) 894-7766. As the law states and I agree, sexual intimacy is never appropriate between client and therapist and should be reported to the grievance board.

CONCLUSION OF THERAPY: When you sense you are ready to complete therapy it is important to have a final session. Completion of relationships is an important part of the growth process and to do this consciously, with clear intention, keeps the process healthy.

I have read the above information and understand my rights as a client. I agree to the terms as stated above or as modified in writing.

(Client/guardian signature) (Date) -----

ADDRESS/EMAIL: Date of Birth: -----

Phones: (home) ----- Fee for Services: -----
(cell) -----
(work) -----