

Healing Hearts Therapy, LLC

*From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychotherapy and Testing*



Disclosure Statement

Welcome to Healing Hearts Therapy, LLC. The following information is important to read and understand as it will help you become familiar with the private practice of Dr. Robin Newman and Healing Hearts Therapy. Please take the time to read it carefully before signing.

Educational Qualifications

B.A: Elementary Education, Baylor University
M.A: Psychology, Colorado School of Professional Psychology
Doctorate: Clinical Psychology, University of the Rockies

Theoretical Orientation

- Cognitive Behavioral Therapy (CBT) & Aspects of Psychodynamic Therapy
- Family/Couples' Therapy
- 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 whole therapeutic experience.

Expertise and Experience

- Therapy with children, adolescents, and couples and individual adults
- Therapy for senior adults
- Treatment and diagnosis of depression, mood disorders, anxiety, PTSD
- Alzheimer's & Dementia Caretaker Roles
- Treatment and diagnosis of personality disorders, Autism, ADHD, and other childhood behavioral disorders
- Sex Addiction, Infidelity, Pornography, Emotional Intimacy concerns
- Family Dysfunction and Communication Issues
- Former elementary school teacher
- Adjunct Professor at Nazarene Bible College and NNU
- Speaker/Presenter/Published author
- 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: **719-260-1221** or in an emergency/crisis situation **call 911** or the local Crisis Hot 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**

- 4) **Financial Agreement** Please Initial on the lines below to indicate your understanding/agreement to the stated terms:

___ **Fee Structure**

- * \$ 200.00 **Initial intake 60 minute session**
- * \$ 180.00 **45-50 minute follow up sessions**
- * \$ 1,000.00 **Psychological Testing – This will not be billed through insurance.**

___ **Insurance** If you choose to go through your insurance, Dr. Newman will submit billing for the companies that she accepts. 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 or money owed.

___ **Billing Statement-** Because Dr. Newman is limited on the insurance she accepts, 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**. There is no guarantee of reimbursement of any kind from your insurance company even with a statement from Healing Hearts Therapy.

Client's Responsibilities

1. Cancel an appointment at least 24 hours in advance or you will be billed for the appointment time.
2. If you need to contact Dr. Newman between sessions, please call the number provided and leave a message. Your call will usually be returned within 24 business hours unless she is out of the office.
3. If you are dissatisfied please discuss this with Dr. Newman 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 therapy needs.

Disclaimer- 1) Dr. Newman is **NOT** available for court appearances in regards to her work with clients of any age. Neither are her clinical notes available for court use or other purposes.

- 2) Therapy session notes **will not be released to you**, the client, for any purpose, as they are legally protected.
- 3) However, Dr. Newman will provide you with a summary report at your signed request if desired.
- 4) 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 and 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.
- 5) 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.
- 6) Dr. Newman 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 with Dr. Robin Newman.

Signature of Client

Date

Robin Newman, PsyD
Licensed Clinical Psychologist
Co # 3521
Texas #37166

Date