

***Healing Hearts Therapy, LLC***  
***From the Office of Robin Newman, PsyD, Licensed Clinical Psychologist***  
***Child and Adult Psychotherapy***  
***Colorado Springs, CO 80918***  
***719- 260-1221***



***Disclosure Statement***

Welcome, and thank you for choosing to collaborate with me and Healing Hearts Therapy, LLC for your psychotherapy needs. The information that follows is important and will help you get to know me better as well as my practice. 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, CO. School of Prof. Psychology

***Theoretical Orientation-*** A few therapeutic orientations will be integrated into the therapy process. Cognitive behavioral therapy (CBT), family/couples therapy, and aspects of psychodynamic therapy will be used depending on the client's needs and his or her specific situation. For children, I will rely heavily on play therapy as a means to bridge communication. It is important that you also know that I am a Christian. Therefore, when appropriate and if sought by you, I will integrate Christian therapy into the therapeutic process as a backdrop to the therapeutic experience. In addition to individual therapy, I also offer group therapy and personality/psychological testing, IQ testing, and testing for children.

***My Experience-*** My psychotherapy experience has focused on therapy with children, families, and adults of all ages. I have experience in the treatment of depression, substance abuse addiction, PTSD, relationship conflicts, childhood sexual abuse, personality disorders, learning disorders, and autism. I have also had experience teaching in the classroom from elementary to graduate level work. I have also written numerous published articles and a book focusing on my passion of family/parenting issues and character development for children. Included in my professional work has been leading seminars and conferences on childhood disorders and difficulties related to families in ministry.

***Client's Rights-*** As a client in therapy, it is important that you understand your rights. During this process, you have the right to the following:

- 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
  - You have the intent to seriously harm others
  - 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) **Therapy Summary-** At your request, you may get a written summary of your treatment with me. Ordinarily, this summary will be discussed during a regular session.
  - 3) **Contact Information-** You may contact me at my office number : **260-1221** or in an emergency you may call 911 or the Crisis Line at 719-635-7000.
  - 4) **Grievance Board Communication-** Sexual intimacy between supervisee and therapist is not part of any recognized therapy and is not allowed as part of our 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**  
**1560 Broadway, Suite 1340**  
**Denver, CO 80202      303-894-7766**

5) **Alliance-** You can count on continuing in therapy with me until your goals have been sufficiently met, unless I am unable to help you reach such goals or I feel I am not qualified to work with you in a particular area of concern, should it arise. In this case, I will refer you to another therapist that might better meet your needs.

6) **Second Opinion-** If for any reason during the course of therapy with me you desire to seek a second opinion, I encourage you to do so. Furthermore, if for any reason you become dissatisfied with the path therapy is taking, you may seek a second opinion.

7) **Fee Structure-** My fees for psychotherapy will be charged at a rate of \$125.00 per 50 minute session, and \$125.00 for a couple's session. Initial intake session is 150.00 for an hour and a half session. I do not accept insurance or third party billing. I do, however, accept all major credit cards, checks, and cash. Payment is expected **in full** prior to each session.

8) **Billing Statement-** Though I do not go through insurance, you may submit your work with me independently through your insurance carrier. I can provide a billing statement showing that you have paid in full at the end of each month, if requested by you. Please note that there is no guarantee of a reimbursement of any kind from your insurance company, even with a statement from Healing Hearts Therapy.

***Client's Responsibilities-*** As a client, you have the following responsibilities that you are expected to adhere to:

1. Cancel an appointment **at least 24 hours in advance** or you will be billed for the appointment time. Three "no shows" will result in termination of therapy due to a lack of progress and interest.
2. If you need to contact me between sessions, please call me at the number listed on the front of this sheet and leave a message. I will return your call at my earliest convenience.
3. You are expected to be an active participant in the therapeutic process, to arrive on time, to be prepared for each session and to complete all required work in a timely fashion.
4. If for any reason you are dissatisfied or distressed by therapy, please discuss this with me so that we may try to resolve any issues in a reasonable and timely manner. If we are unable to resolve these concerns, I will refer you to another therapist or to the appropriate contact at that time.

***Disclaimer-*** While I am passionate about my work with families and enjoy assisting parents in the growth and development of their children, I am not available for court appearances in regards to my work with children nor are my notes available for court use. My expertise or 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.

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 by Dr. Robin Newman.

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**Signature of Client**

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**Date**

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**Robin Newman, PsyD  
Licensed Clinical Psychologist  
Co # 3521**

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**Date**