

**DAWN O. TAYLOR, PH.D.**  
**Policy Statement**

Psychotherapy can be a very rewarding and sometimes challenging process. The information and policies that follow are intended to clarify various legal, financial and practical aspects of the process.

**MY TRAINING AND CREDENTIALS**

I received my B.A. in Psychology from the University of Kentucky in 1975 (Phi Beta Kappa). I received my Ph.D. in Counseling Psychology (as a University Fellow) from the Ohio State University in 1979. I was licensed as a Psychologist in the state of Colorado in 1982 (license #731). I am a member in good standing of the Colorado Psychological Association and the American Psychological Association. I have completed Level II training for Eye Movement Desensitization and Reprocessing (EMDR). I am a Certified Emotionally Focused Therapist. My diploma and license are on display in my office. If you'd like to see my vita describing all of my professional activities, feel free to ask.

**THE REGULATION OF PSYCHOTHERAPY**

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303 894 7800.

The regulatory requirements for mental health professionals provide that 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 1000 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 bachelor's 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 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.

**MY SERVICES: METHODS AND DURATION**

My eclectic approach to psychotherapy tends to be very practical, so that my choice of technique is driven by what I think will work for a particular person or family. I draw primarily from the following theoretical systems: cognitive, behavioral, emotion-focused, psychodynamic, family systems, existential, and humanistic. I have a good deal of experience

with both short and long-term therapy. Some of the factors that influence length of treatment include the severity and chronicity of the problem, the client's wishes, and the resources available, both personal and financial. I typically meet weekly for several weeks to build some momentum, but after that less frequent meetings are often workable and sometimes preferable.

During therapy, we will periodically discuss your progress and you are always welcome to discuss any concerns about lack of progress with me. You may seek a second opinion from another therapist, and you have the right to terminate therapy at any time.

## **CONFIDENTIALITY AND OTHER LEGALITIES**

Any information that you provide to me during the course of evaluation or treatment is strictly confidential and legally protected "privileged communication." As such, I may not reveal it to any other person or agency without your written permission, except under the following circumstances: a) I must report any knowledge or suspicion of child abuse to Social Services for their investigation; b) I am required to report any suspected incident of abuse or exploitation of an elder 70 years and older to law enforcement; c) if you are a serious and imminent threat to another person, by law I have a duty to warn that person and/or notify the police; d) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; e) I am required to report any suspected threat to national security to federal officials; and f) I may be required by Court Order to disclose treatment information.

When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information regarding my concerns. By signing this Disclosure Statement and agreeing to treatment with me, you consent to this practice, if it should become necessary.

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 may provide you with a treatment summary, in compliance with Colorado law.

If you are 18 years or older and disclose to me that you were abused as a minor, I do not have a duty to report **unless** there is reasonable cause to know or suspect that the perpetrator has subjected another child currently under 18 to abuse or neglect or to circumstances that would likely result in abuse or neglect or if the perpetrator is currently in a position of trust as defined in C.R.S. 18-3-4-1(3.5) with regard to any child currently under 18.

If you use insurance benefits to pay for therapy, your signature at the end of this policy statement authorizes me to provide your insurance company with any information they require to verify that the services I am providing are covered under the terms of your policy. Typically, this information is limited to your diagnosis and dates of service.

HIPAA (the Health Insurance Portability and Accountability Act) established rules specifying what medical care providers must do to safeguard the privacy of medical records. My Privacy Policies and Practices are posted in the waiting room. Take a moment to review these. I will provide a copy for you to take with you at your request.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant, or certificate holder.

## **FEES AND BILLING**

My individual sessions generally run for 45 minutes. For initial intake sessions, and for couples and families, I reserve 60 minutes.

I have contracted with a limited number of Employee Assistance Programs and insurance companies to provide services at a set rate, so if you are a member of a group I have contracted with, my billing service (Love Court Billing Service 303 499 2217) will bill your insurance company at the contracted rate. For clients who are using out of network benefits or paying out of pocket, my fee is \$100 per 45-minute session and \$125 per 60-minute session. If you are using insurance in-network or out-of-network, please make sure you understand what your benefits and financial obligations are before you start therapy.

Any outstanding balances older than 30 days will accrue a finance charge of 1.5% per month (18% per year). Returned checks are subject to a charge of \$15. If you do not complete payment of your unpaid balance within a reasonable time, nor work out a mutually acceptable payment plan, I may refer your account to Medical Credit Management Company, a professional collection agency. If it becomes necessary to forward your account to the collection agency, in addition to the amount owed, you will also be responsible for the fee charged to me by the collection agency for costs of collections, and reasonable attorney's fees, along with any additional court costs awarded by the court.

If you make an appointment and fail to keep it, I will charge a \$50 fee unless you have given me at least 24 hours advance notice. No-shows and late cancellations are not reimbursed by insurance companies, so this is a charge that you will be responsible for. In the event of a bona fide emergency, I will waive the 24-hour notice requirement.

## **COUPLES/FAMILY WORK**

When I am treating a couple or family I have a no-secrets policy. If you disclose a secret to me in private (i.e., you tell me something that you don't want me to share with other family members) and if it is my clinical judgment that this undisclosed secret will block treatment progress, I will ask you to disclose this secret.

My role as a couples or family therapist is to treat the relationship or family system. If you are involved, or become involved, in divorce or custody litigation, I am not the appropriate person to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney making recommendations concerning custody. The court can appoint professionals who have no prior relationship with family members to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities and/or parenting time to promote the best interests of the family's children.

When I work with couples, I often request that you allow me to videotape sessions. This is a common practice in Emotionally Focused Therapy and is a significant aid to the therapist in trying to understand the complex and sometimes subtle interactions occurring in the room. I will never record sessions without your separate and specific written consent to be videotaped.

## HOW TO REACH ME

To leave me a message, call my voice mail at 303 473 4435. I carry a cell phone in order for current clients to reach me in urgent situations. My cell phone number is 303 909 5853. When you call my (non-urgent) voice mail number (303 473 4435), you will hear instructions for how to reach me by cell phone. If I do not answer my cell phone, you can leave a message and wait for my return call or continue to try to reach me. If you need help immediately, do not hesitate to call 911. When I am out of town or unavailable, the outgoing message on my voicemail will state this as well as the name and phone number of the therapist covering for me.

Emails or texts should only be used to schedule appointments. Never use email or text for any treatment issues. All treatment issues must be talked about in session. In particular, if you are in crisis, do not try to let me know by email or text. You may assume that you are reaching me when you are not.

## ENDING THERAPY

"Termination" is an important part of the process of psychotherapy. My expectation is that we will discuss its prospect during our regular psychotherapy sessions and that the actual ending will be done face-to-face in a therapy session. Bringing closure in this way helps to solidify and even to augment the benefits and changes that therapy has achieved.

**By signing below I agree to the following:** (1) I have read the preceding information and I understand my rights as a client. (2) I consent to treatment with Dr. Taylor. (3) I have been advised to review the Notice of Privacy Policies and Practices (as mandated by HIPAA) posted in the waiting room. (4) I authorize the release of any information necessary to process insurance claims. (5) I authorize my insurance company to pay Dr. Taylor directly for the services provided to me. (6) I understand that I will be billed for missed appointments that are not cancelled at least 24 hours in advance and that I (not my insurance company) am responsible for paying those charges.

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Signature

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Date

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Parent/Guardian (if client under 18)