

Julia White, LCSW
Licensed Clinical Social Worker

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Disclosure Statement

Degrees and License Information

B.A. (1987): Duke University, Durham, N.C., Cultural Anthropology
M.S.W. (1993): Smith College School for Social Work, Northampton, MA
License: Colorado Licensed Clinical Social Worker # 992173

I work with adults dealing with relationship issues, depression, anxiety, grief, trauma and some addictions. I am trained in EMDR which is a body-focused approach to dealing with trauma. I am also trained in Internal Family Systems which is a way of relating to oneself as having many parts. I work with clients to understand and appreciate their parts for trying to protect them even though sometimes it doesn't feel that way. I also have a Certificate in Gerontology from the University of Colorado at Colorado Springs. I will provide you with additional information about my past experience and areas of practice upon request.

I am a Licensed Clinical Social Worker in the State of Colorado. The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado Department of Regulatory Agencies. The Board of Social Work Examiners is located at 1560 Broadway, Suite 1350, Denver, CO 80202, and may be reached by telephone at 303-894-7800. In a professional relationship, sexual intimacy between a therapist and client is never appropriate and its occurrence should be reported to the Board of Social Work Examiners.

Confidentiality

Information provided by you to a psychotherapist in the course of an evaluation or treatment is privileged communication, which means it is legally confidential. In most cases, information can be released to another individual only by written permission from you. However, there are certain exceptions to the confidentiality law (CRS 12-43-218). For example, if you become suicidal, or unable to care for yourself, I am legally required to ensure that you are safe and receive the care that you need. If I believe that you seriously intend to harm someone else, I am required to warn that person, and the appropriate authorities, to ensure that individual's safety (CRS 21-10-101 & 13-21-117). If a child or elder person is suspected of being abused, I am required to report the abuse to the Department of Social Services (CRS 19-3-301).

I share office space with other mental health professionals, but my practice is entirely independent. I will not discuss your case with them, and they are neither responsible nor liable for my work with you. At some points in your treatment I may discuss your case with a consultant, but your name or information which could specifically identify you will not be used. Another mental health professional may provide emergency coverage for me when I am out of town; however, I will not share information with them about you unless there is a specific need which I have already addressed with you.

Therapy: Methods, Duration, & Cost

Psychotherapy requires a commitment of time, emotional energy, and money. Your willingness to invest in these three ways is an indicator that you are motivated to meet your psychotherapy goals. Psychotherapy will probably generate some painful feelings, and at times you may temporarily feel worse rather than better. We will regularly evaluate your progress towards meeting your psychotherapy goals and adjust our work together as needed including when to end your therapy. I encourage you to always bring up your questions and concerns. You can end treatment at any time and/or seek a second opinion if you wish to do so.

The methods of therapy I utilize depend upon the problems, strengths, needs and style of the individual(s) seeking my professional assistance. In addition to Internal Family Systems and EMDR, I utilize a cognitive-behavioral approach to psychotherapy, and employ empirically supported methods when appropriate and available. Your motivation to make changes to improve your psychological health and our ability to work well together are the most important factors involved in you meeting your therapy goals.

Our first session is for you and me to decide whether or not we feel that we can have a productive working relationship. If the answer is yes for both of us, I will discuss treatment recommendations with you, and together we will decide how to proceed.

My standard fee is \$150 for a 50-minute session. Fees are payable at the end of each session but I will sometimes bill monthly if it works for the client. **You will be charged \$80 for all missed or canceled sessions unless 24 hours advance notice is given.** In case of accident or illness in which onset is less than 24 hours before the appointment, call to cancel your session as soon as possible. I offer a sliding fee for those unable to pay the full \$150. Please let me know if this is an issue for you and we will discuss my sliding fee scale. I have a detailed suggested payment scale on my website at www.juliamwhite.com. I prefer to be paid by check but do offer the option for you to pay me through paypal, or by credit card with IvyPay. Log onto www.paypal.com and use my e-mail address julia@juliamwhite.com to make payments.

I am currently a provider for mental health services through CIGNA and Medicare insurance companies. If you are a CIGNA or Medicare member I will need to make a copy of your insurance card in order to get reimbursed through them. If you have not met your deductible, you may need to pay the entire fee your insurance company reimburses me out of your pocket which will then apply towards your deductible. Even if you have

met your deductible, you will probably have a co-pay which you will pay directly to me. If you haven't already, I encourage you to contact your insurance company for specifics. Please be aware that your insurance company will need me to provide them with a psychiatric diagnosis. I will inform you about the diagnosis that I plan to render before it is given when possible. Any diagnosis that is made will become part of your permanent insurance record.

If for any reason your insurance does not pay for my services you are responsible for the full amount.

If you would like to use insurance coverage other than CIGNA or Medicare to pay for your therapy I will provide you with a superbill. You can then submit this superbill to your insurance company for possible partial reimbursement. Please be aware that if you choose to provide this receipt for services to your insurance company, it must include a psychiatric diagnosis. In that event, I will inform you about the diagnosis that I plan to render before it is given when possible. Any diagnosis that is made will become part of your permanent insurance record. A superbill is no guarantee of reimbursement. Even if you do not pursue reimbursement through your insurance company, a superbill may be useful for tax purposes or for utilizing funds set aside in an employer-based health savings account.

Emergency Contact Options

You can reach me by my cell phone at 720-233-4073. I will do my best to return messages as soon as possible. If you are having a mental health emergency and are unable to reach me, call 911, or go to the nearest hospital emergency room. You may also call the nationwide suicide and crisis lifeline at 988 or Metro Crisis Services at 1-844-493-8255. If I believe your therapeutic issues are above my level of competence, or outside my scope of practice, I am legally required to refer you to a more appropriate provider, consult with someone who is more experienced regarding your issues, and/or end our work together.

Termination of services

Termination of psychotherapy may occur at any time and may be initiated by either you or your therapist. Please contact me if you decide to discontinue your psychotherapy so that we can schedule a final session. Termination itself can be a very constructive process, and I encourage you to discuss with me any plans to end your treatment as early as possible. If any referrals are needed, I can provide those when we meet.

Your rights

At any time, you may question and/or refuse therapeutic or diagnostic procedures or methods or request additional information regarding procedures. Please discuss any concerns and/or complaints with me so that we can work toward a resolution. Concerns can also be brought to the attention of the Colorado Department of Regulatory Agencies.

Electronic Communication

If you agree to communicate via electronic communications such as text, email, telephone, or any other electronic method of communication, I cannot guarantee that those communications will remain confidential due to the unsecured nature of these methods of communication. However, for teletherapy I use a HIPAA compliant platform through Psychology Today. Please initial next to each electronic method of communication that may be conducted.

_____ Cellular/Mobile Phone voice communication
_____ Texting via Cellular/ Mobile Phone
_____ Unsecured Email
_____ Teletherapy through Psychology Today

Consent to Treatment

I consent to participation in psychotherapy services with Julia White, LCSW and I agree to the policies of her practice as detailed in the above paragraphs. I have had the opportunity to ask questions and clarify my understanding of these policies and there are no misunderstandings or disagreements. I have been given the option of a copy of this document for my own records.

Client Signature

Date

I have reviewed the above policies and informed consent with the patient and there is no misunderstanding or disagreement.

Julia White, LCSW

Date