

Allison LeVine, Ph.D

709 Kimbark St.
Longmont, CO 80501
Phone (303) 678-7455
Fax (303) 772-3887

Credentials and Education

Licensed Psychologist (#1339)

Ph.D Clinical Psychology from the University of Miami, Coral Gables, FL 1985

M.S. 1979

B.A. University of Pennsylvania, Philadelphia PA. 1973.

General Information and Policies

In order to provide you with the best service, I would like to give you some information.

The information you will provide during therapy is confidential except for certain conditions which I will discuss with you. These include risk of harm to self or others, and knowledge of risk to a child. I am also requesting permission to provide your insurance company or its representatives with any information regarding your diagnosis and treatment or for the individual for whom you are a legal guardian. This information may include (but is not limited to) information about diagnosis and treatment, insurability, and peer review for the purpose of determining continued insurance support.

You may leave a message on my voice mail at any time. I make every effort to return calls within the same business day. Urgent messages (#989, after phone number) should constitute clinical emergencies, not business matters, i.e., your bill or your time of scheduled appointment.

Please feel free to ask any questions about my theory of therapy, my reasons for any policy about which you have concern, or your bill.

Payment is expected at each session. *Cancellation must be made with at least 24 hours notice to avoid being charged for session.* In the event that any sums invoiced and due for services provided in connection with this agreement are not paid when due, client and any person who has assumed the obligation of client agrees to pay. As a consequence of non-payment, all costs and expenses, including reasonable attorneys' fees, which may be incurred in collecting any sums which may be due and owing, or any parts thereof, whether or not litigation is commenced or initiated, will be assessed to the responsible party.

Your Rights as a Patient

The practice of both licensed and unlicensed persons in the field of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies, Mental Health Section. Any questions, concerns, or complaints regarding the practices of mental health may be directed to State Board listed below.

You may seek a second opinion from another therapist or may terminate therapy at any time.

You should know that in a professional relationship, sexual intimacy is never appropriate and should be reported to:

The Colorado State Department of Regulatory Agencies, Mental Health Section
1560 Broadway, Suite 1340, Denver, CO 80202 or phone: 303 894 7766

You should understand that information provided by you during therapy is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

I hereby acknowledge that I have received a Notice of Privacy Rights.

There are exceptions to the general rule of confidentiality that are listed in the Colorado statutes (see section 12-43-218CRS). You should be aware that, except in the case of information given to a licensed psychologist, legal confidentiality does not apply in a criminal or delinquency proceeding. I will identify other exceptions as they arrive during therapy.

I have read the preceding information and understand my rights as a client/patient.

Patient signature
(Responsible party)

Therapist signature

Date