



DR. ABBEY FOX  
CLINICAL PSYCHOLOGY

Abbey Fox, Psy.D., P.C.  
Psychologist Candidate Permit # PSYC.00013725  
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970-306-5987 (cell)

### Disclosure Statement

As you or your child are preparing to receive psychological services, I would like to share pertinent information about the course of treatment, my credentials, and my training. My educational background and degrees are:

B.A. in Psychology, Princeton University, May 2001  
M.A. in Clinical Psychology, University of Denver, May 2014  
Psy.D. in Clinical Psychology, University of Denver, August 2016  
Internship at Colorado Psychology Internship Consortium, Bright Future Foundation, Avon, CO, July 2016

I received my Doctorate in Clinical Psychology from The University of Denver in August of 2016, and am registered with the State of Colorado Department of Regulatory Agencies (DORA) as a Psychologist Candidate from September 13, 2016 to September 13, 2020. Essentially, this means that I am currently working on accruing my post-doctoral supervision hours necessary for licensure. It is important for you to know that my clinical caseload will be supervised by a licensed clinical psychologist. Dr. Athena Baca-Chieza, Psy.D., (license #3196) serves as my primary supervisor. Dr. Baca-Chieza is the Training Director at the Colorado Psychology Internship Consortium and Clinical Director at Metro Community Provider Network in Denver, CO. Dr. Deborah Zwick, Ph.D (license #2424) supervises my clinical assessment caseload. Dr. Zwick is a renowned expert in integrated personality assessments comprised of comprehensive psychological batteries including cognitive, academic, and emotional functioning.

The practice of licensed or registered individuals in the field of psychology is regulated by DORA, and specifically the Mental Health Section of the Division of Registrations. **The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, CO 80202, (303) 894-7800. If any concerns or complaints arise at any time regarding treatment, you can contact them.** The regulatory requirements applicable to mental health professionals are as follows: 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 at least 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 Bachelors 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 registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

### **Client rights and important information**

(1) You are entitled to receive information from me about my methods of therapy and/or assessment, the techniques I use, the duration of your treatment (if able to be determined) and my fee structure (currently \$150 for a 50-minute session). I welcome you to please ask if you would like to receive any additional information. Feel free to seek a second opinion from another evaluator/therapist or terminate these psychological services at any time.

(2) In a professional relationship (such as ours), sexual intimacy between a therapist and a client is **never** appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

(3) I maintain a 24-hour cancellation policy. Please be advised that if I do not hear from you via phone call to cancel or reschedule our appointment prior to the 24-hour cancellation window, I will need to charge you for the hourly rate.

(4) If you are interested in communicating with me via email, we will need to discuss and review my email communication policy. I have a separate email consent form that I require prior to engaging in email communication. Please note that confidential clinical matters will not be discussed via email, however communication about appointments, scheduling, and references/referrals may be.

### **Confidentiality**

In general, information provided by and to a client during therapy sessions and assessments are legally confidential. As such, I cannot be forced to disclose any information without the client's consent. However, there are exceptions to the general rule of legal confidentiality. **These exceptions are listed in the Colorado statutes (see section 12-43-218, C.R.S., in particular). Exceptions to confidentiality include, but are not limited to, a threat of serious harm to self or others, as in the case of child abuse, suicide, or grave disability; or under a court order. If you do not pay for services rendered within three months of billing, I may also need to contact a collections agency with your contact information, which would also compromise your confidentiality.** There may be other exceptions that I would identify to you as the situations arise during this assessment/treatment.

If you have any further questions or request additional information about me, please feel free to ask.

I have been informed of my therapist's degrees, credentials, and licensure status. I have read and reviewed the information on page one and two of this document, and all of this information has been explained to me verbally, and I understand my rights as a client/patient.

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Client's name

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Client's Signature (if above age 13)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian (if necessary)

\_\_\_\_\_

Date

\_\_\_\_\_

2<sup>nd</sup> Parent/Guardian

\_\_\_\_\_

Date