

## **PRACTICE INFORMATION**

**Ruth Weinberg, MS LPC**  
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### **Experience and training**

I am a licensed professional counselor with an MS in Counseling from the marriage and family therapy program at California Polytechnic State University. I have over 15 years experience working with children, teens, adults, families and couples. My professional experience includes work with trauma, grief, abuse, violence in families, substance abuse, issues pertaining to poverty, bullying, parenting, options counseling, and life transitions. I have worked in agency, hospice, outpatient, substance abuse treatment, school, pregnancy center, and home-based settings. I have experience with clients from ages 3 to 93. During graduate school I discovered my passion for working with children in addition to my love of working with adults. Following graduate school I have obtained ongoing training in Sandplay therapy and served as a board member of the Colorado Sandplay Therapy Association for 9 years. I am also an EMDR level II practitioner.

### **Philosophy**

I believe tremendous healing can take place through self-exploration. It is my goal to assist you in overcoming difficulties, improving relationships and increasing your ability to fully enjoy life. I use an eclectic approach, drawing from systems theory which emphasizes a person's relationships and interactions with their environment and client-centered theory which honors the potential in each person for growth. I incorporate solution-focused, Jungian, mindfulness and cognitive behavioral techniques. I believe in the importance of the therapeutic relationship to communicate genuine understanding and caring while providing honest feedback.

Because children are growing and developing, they experience trauma, emotional difficulties and stressful events differently than adults. The methods I use are specific to meeting those needs. When working with children, I believe it is crucial to involve the parent(s) and/or guardian(s) in a significant way and I will encourage and facilitate that involvement.

In our first session we will explore the issues for which you are seeking therapy. If there is a good fit, meaning you feel comfortable with me and I feel capable of helping you with these issues, we will proceed with the therapy process, generating goals to accomplish during our time together. If this is not the case, I can refer you to other therapists who may be a better fit.

### **Confidentiality**

My professional code of ethics as well as state and federal law prevent me from discussing what is said in session with anyone other than the participants in therapy or releasing any records without your permission. There are exceptions to this general rule.

- ⤴ You should be aware that I am required to report any suspicion or disclosure of either harm to self or another, or of child abuse or neglect. Legal confidentiality does not apply in a criminal or delinquency proceeding or in situations where the law explicitly states that confidentiality provisions do not apply.

- ✦ To provide the best counseling services possible, I participate in consultation with other professional therapists. General information may be discussed with a consultant in order to enhance treatment. As therapists, the consultants are bound by the same confidentiality code as described above.
- ✦ In regards to insurance: I will provide only the least amount of information necessary for the purpose of authorizing benefits; however, released confidential information may include identifying information, diagnosis, dates and types of sessions and charges. Once your confidential information leaves my office, I have no control over the storage or access to your confidential information.

### **Fees**

I offer a free initial consultation to discuss your goals for therapy and address any questions or concerns you may have about the therapy process. After the initial consultation, my fee is \$110 per 60 minute session and \$170 per 90 minute session. A sliding fee scale is available for individuals and families experiencing financial difficulties. Payments may be made by cash, check or credit card.

### **Missed Appointments**

Your appointment time is reserved for you. If you need to change your appointment time or cancel, please give 24-hours notice. You will be billed \$75 for missed appointments or appointments cancelled with less than 24 hours notice. The fee will be charged to your provided credit/debit card automatically. Illness and emergency situations will be considered.

### **Method of Payment**

Payment is due at the time of the session, although other billing arrangements may be made on a case-by-case basis. You may request a monthly statement, which can be used for insurance or income tax purposes. Payments may be made by check, cash, or credit card. Should you elect to use credit card for payments, you agree that the initial credit card authorization form may be used for all scheduled treatment sessions including missed appointments. In the unlikely event that check funds are dishonored, you give authorization for the funds to be collected electronically for the face value of the check, plus a \$20 processing fee. Further, you are aware that in the event of non-payment, your account may be turned over to a collections agency. Should a collection agency become involved any contact information you have provided will be released to the collection agency including name, date of birth, address, phone, work contact information and information pertaining to your emergency contacts.

### **Insurance and third-party payments**

If you will be using medical insurance, it is your responsibility to determine if you have mental health benefits and your level of coverage. If your insurance covers mental health services, and allows you to see an out-of-network provider, I am happy to sign the necessary paperwork for you to be reimbursed for sessions. It is your responsibility to pay me directly for services, file your claims, collect your payments, or negotiate settlement on disputed claims.

As described above, I will provide only the least amount of information necessary for the purpose of authorizing benefits; however, released confidential information may include identifying information, diagnosis, dates and types of sessions and charges. Once your confidential information leaves my office, I have no control over the storage or access to your confidential information. The insurance company will determine benefit coverage and the kind of service for which they will reimburse.

### **Termination**

Termination will usually be agreed upon mutually, but you are free to terminate at any time. In a few specific instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of my scope of competency, and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be assisted in creating different plans for yourself, including a referral to a more appropriate resource.

**The Process**

The benefits of therapy can include relief from symptoms, increased effectiveness in social, academic and work settings, greater capacity for intimacy, clarifying and accomplishing personal goals and a deeper sense of meaning, purpose and joy in life. Though the benefits of therapy can be life-changing, it can be difficult and uncomfortable work at times. Many might say that during the course of therapy “things may get worse before they get better” meaning that as you seek to gain self-knowledge, improve your relationships and resolve your concerns, you may experience intense feelings such as fear, anger and sadness. Your relationships may change in unexpected ways. If you are the parent of a child in therapy, you should be aware that your child may temporarily regress as difficult experiences arise and are addressed in therapy. It is important to know that these are possibilities you may encounter as you work towards healing.

My signature below indicates that I have read and understand this document. I understand that I do not have to sign this form. I understand I can choose to discuss any questions regarding this consent form with my therapist, Ruth Weinberg, at this time or at any point during the course of my therapy. I understand that after therapy begins I can choose to withdraw my consent to therapy at any time, for any reason. However, if I make this choice, I will make every effort to discuss my concerns with my therapist.

I hereby agree to enter (or to have my child enter) into therapy with Ruth Weinberg, MS, LPC by my signature here.

\_\_\_\_\_  
Client or Parent/Guardian Signature Date

\_\_\_\_\_  
Client or Parent/Guardian Printed Name

Please don't hesitate to ask if you have any questions. I look forward to working with you!

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Ruth Weinberg MS, LPC