

**Louis Hoffman, PhD, PC**  
655 Southpointe Court, Suite 200  
Colorado Springs, CO 80906  
Phone: (719) 510-8846  
Fax: (877) 403-6856  
drhoffman@louis-hoffman.com  
louis@drlouishoffman.com

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Office policies are not intended to replace the informed consent that all clients who I work with sign prior to beginning our therapy relationship. Many of these policies are also addressed in the informed consent.

### **Process of Therapy**

During the first therapy session I evaluate whether I am a good fit to be your therapist. I do not accept clients unless I am confident that I am able to help you. If I do not believe I am a good fit, I will discuss this with you and provide you with other options and referral information. In the first session, I also provide information about how I approach therapy so that you, too, can assess whether I am a good fit for you. I do not believe that therapy should be a mysterious process. If you ever wonder why I am doing something, please feel free to ask and I will provide you with an answer. If you are concerned that therapy is not working as effectively as you had hoped, it is important to discuss this with me so that we can address this and, if needed, make adjustments within the therapy process or, if it is determined that I am not the best fit to help you with your problems, consider other options, such as a referral to other mental health providers. Most clients who come to see me are in therapy between 6-months and 2-years, occasionally longer, depending upon their therapy goals and various other factors that impact therapy progress. If you have questions about the length of treatment, it is important to let me know that we can discuss these.

### **Emergency Policies**

While I do my best to be available if an emergency arises outside of therapy, I am not able to be available at all times. In case of an emergency, if I am not available, it is best to call a crisis hotline, call 911, or go to the nearest emergency room. If I am out of town or unavailable, I will have another licensed psychologist cover for me and provide you with her or his contact information in advance.

### **Ending Therapy and Follow Up**

The decision to end therapy can be a difficult decision. I prefer to approach this collaboratively, and believe it is best when this is a mutual decision. When it appears that you have met your initial goals and any other goals that emerged through the process of therapy, I will check in with you to see if there are other issues you would like to work on in therapy. If not, I may suggest that we begin working toward discontinuing therapy. You

may also initiate the conversation on discontinuing therapy if you feel that you have met your goals, or if you believe that therapy is no longer working for you. If I believe that it is important for you to continue in therapy or other mental health services, I will discuss this with you including alternatives to continuing therapy with me. Some individuals prefer to have check-in sessions upon completing your regular course of therapy. There are various options for this that we can discuss. If using insurance to pay for sessions, it is important to be aware that some insurance plans may not pay for additional check-in sessions upon completion of therapy.

### **Appointment Times**

Except in unusual situations, clients have a regular weekly appointment time. Occasionally, a client may need to come every other week. In these situations, a regular appointment time is established on the 1<sup>st</sup>/3<sup>rd</sup> or 2<sup>nd</sup>/4<sup>th</sup> week each month at a regular day and time. If you cannot make your regular appointment time, I do occasionally have other times that may be available due to cancellations. If you are not able to make an appointment, it is your responsibility to call 24-hours in advance to cancel your sessions. If you miss your regular appointment time without cancelling, you may be billed the full rate for the session. As insurance does not pay for missed appointments, you are responsible for paying the full amount for any sessions that are missed.

### **Contact Outside of Therapy**

Colorado Springs is a small community. Therefore, it is possible that we may see each other at events in the community. In order to protect your confidentiality, if we see each other in the community I will not initiate communication. If you initiate contact, I will offer a social greeting; however, with the exception of an emergency, I will keep the conversation brief and not discuss anything related to therapy. For clients outside of Colorado Springs, although it is less likely that we will come in contact outside of therapy, I will approach any contact in the same manner. If during the course of therapy we become aware of a dual relationship, this is important to discuss to determine if this may negatively impact the therapy process. In cases where it may negatively impact therapy, I will discuss alternative options with you.

### **Emails, Messaging, and Phone Calls**

Emergencies, crises, and other urgent matters should **not** be communicated through email or text messaging. If emergencies, crises, or urgent matters emerge, please call me at (719) 510 8846. Generally, the most efficient use of our time is to communicate in the therapy sessions; however, there may be times where it is beneficial to have some communication outside of session. I discourage the use of text messaging because this is not a secure form of communication. The preferred mode of email/messaging outside of therapy is through the TheraNest Client Portal. All my current clients have the option to set up a Client Portal with a secure messaging system. If sending email, my recommendation is to use [louis@drlouishoffman.com](mailto:louis@drlouishoffman.com), which will require you to set up a hushmail login (though not

a new email account) to view any responses to your email. For more information on electronic communication, please see my [Email and Messaging Policies](#).

### **Social Media**

In order to protect your privacy and confidentiality, I do not accept request to connect on social media.

### **Release of Information**

I believe privacy and confidentiality are essential to successful therapy. I take your confidentiality very seriously. There are situations where I am required by law to break confidentiality. These are indicated in the informed consent you signed at the beginning of treatment. Outside of these conditions, I do not release personal information about your treatment without your signed consent.

### **Contributions to the Field of Psychology**

I am committed to both my continued professional development and the advancement of psychology. I contribute a good portion of professional time to research, teaching, training, and improving the standards of therapy. The use of casework, including your own, may be useful for case consultation, teaching, case illustrations, etc., to learn and/or make concepts clearer. Illustrations such as this do not require releasing the personal identity or identifying information about the person. As noted in the informed consent signed prior to beginning treatment, unless you notify me to the contrary, signing the informed consent indicates that you consent to this. One potential advantage among many is that the struggles and difficulties of your life might do some good to future generations of learners and fellow human beings whose lives may be filled with some of the issues that are similar to those that have troubled you.

### **Clinical Material in Professional Writing**

I am actively involved in writing and publishing relevant to my work as a psychologist. Occasionally, I use “cases” in my writing. Most of the time, these cases are fictionalized and do not include any information from actual clients. These are usually based upon themes that I have seen multiple times in therapy so they may seem familiar to many people who have been in therapy with me or other therapists. Occasionally, I may want to write about actual client stories; however, I never use actual client material without written consent from the client. Even when obtaining written permission, the identifying information is altered to protect the confidentiality of the client.

### **Payment**

I do accept a number of types of insurance, including some out-of-network insurance plans. I contract with a billing service to submit my insurance claims whether in-network or out-of-network. I can provide you with the contact information for the person who handles my

billing if you have questions about your bill or invoices you receive. When in-network, you can make your co-payment (if there is one) at the time of the appointment or when receiving an invoice. For out-of-network payments, you are responsible for the payment at the time of service and my billing service will submit the insurance claim for you to be reimbursed. For clients who chose to self-pay, payment is due at the time of service.

### **Psychological Diagnosis**

Psychological diagnosis is a controversial issue among mental health professionals. If you are using insurance to pay for services, a diagnosis is almost always required. Some clients who prefer not to receive a diagnosis choose to self-pay. While the standards of care in the field of psychology are that we need to have some way of identifying the problem, this often can be done without diagnosis. If I believe it is in your best interest to have a diagnosis in a situation where this is not required, I would discuss this with you prior to giving a diagnosis. However, for most clients who self-pay we are able to establish a way to clearly identify the problem without using a diagnosis.

### **My Qualifications**

I obtained my doctorate degree in psychology in 2001 from Fuller Graduate School of Psychology, which was accredited by the American Psychological Association. I was first licensed as a psychologist in 2002, and am currently licensed as a psychologist in Colorado, Iowa, and California; however, my California license is in inactive status as I do not currently practice there. I received advanced training and supervision in existential, humanistic, psychodynamic, and cognitive-behavioral therapy. My therapy approach is an existential-humanistic, or existential integrative, approach to therapy that integrates other therapy modalities and approaches based upon client needs. I have received training in individual, couples, family, and group therapy, as well as psychological assessment. I have completed certifications in EMDR and TeleMental Health as well. Throughout my career, I have taught in graduate counseling and psychology programs and provided clinical training and supervision to therapists in training. I have consistently contributed to the field through research and scholarship, including publishing peer reviewed articles and book chapters on the Evidence-Based Foundations of existential therapy. The American Psychological Association and five of its divisions have recognized me as a Fellow for my contributions to the field of professional psychology.

### **Concerns and Complaints**

As with any relationship, there is the chance that conflict may emerge in the relationship. If you have concerns, please talk with me about this. Often, working through conflicts that may emerge in therapy can be an important part of the therapy process. I also take your feedback seriously and, in many situations, am able to use it to make adjustments to the therapy process—that may help it become more effective.

If you believe that I am unwilling to listen, respond, or provide alternatives, or if you believe I have acted unethically, you can contact the Board of Psychology in your State. As I

am licensed and practice in multiple states, information on how to file a grievance for your state is included in the informed consent you signed at the beginning of treatment. If you are not able to locate this information, you can ask me and I will provide the information.