

FEES AND POLICIES DISCLOSURE INFORMATION

FEES: My standard fee is \$150 per 50 minute session for cash or check, \$150 for credit card charge. If you should need any special services, this charge or a prorated amount will be used. Couple sessions generally run for 110 minutes at the cost of a pro-rated fee.

Payment is expected at the end of each session. Insurance coverage and reimbursement are the client's responsibility. I will provide you with an invoice listing all paid sessions to submit to insurance should you request that. All sessions are to be paid by you at time of service and reimbursement will come directly to you. The client remains responsible for payment in full should treatment recommendations exceed third-party coverage.

CANCELLATIONS: There is no charge for appointments cancelled 24 hours in advance of the scheduled time. Appointments cancelled less than 24 hours ahead of time are charged at the **full fee.**

TELEPHONE CALLS: Telephone calls are returned **as promptly as possible** (generally within 48 hours) during standard business hours (9:00 AM - 5:00 PM) Monday through Friday. On weekends, if you call on Friday after noon I will respond to your call on Monday. Any time I am unavailable due to vacations or times away my message will give you the name and phone number of a backup colleague who will help you in case of an emergency. In the event that something should happen to me and I could not see you for an extended period of time, please call Shaun Hutto at 720-507-8956 You will be responsible to pay the fee charged by these professionals should you require their services.

Phone calls of more than a 10 minute duration and a pattern of frequent phone calls will be charged on a prorated basis. A pattern of consistent emails will be charged on a prorated basis depending on the amount of time needed to answer your concerns and questions.

EMERGENCIES: It is my philosophy that clients are responsible for themselves, they are autonomous, functioning and not in need of day-to-day supervision. If you require immediate access to emergency services, please let me know in your first session so that I can make a referral for you to another therapist. I am not on a pager and I am not a crisis counselor. If there is an emergency, please call 911 or go to your nearest Emergency Room and then leave me a message.

SAFETY CHECKS

When I am concerned about a client's safety, it is my policy to request a Welfare Check through local law enforcement. In doing so, I may disclose to law enforcement officers information concerning my concerns. By signing this Fees and Policies Disclosure Information and agreeing to treatment to me, you consent to this practice, if it should become necessary.

COUPLE/FAMILY COUNSELING: Sessions with couples/families will be charged at the regular rate for couple/family counseling. Should I see any individual in a private session, I reserve the right to bring that information into the joint session if I feel it is necessary to treatment of the couple/family. However, confidentiality of the individual sessions remains with the individual and me. **Please note this is different than individuals in counseling and their privilege of confidentiality.**

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Regardless of the outcome of therapy, if there is any disagreement between the members of the couple/family, I will not appear in court for divorce proceedings or child custody information. If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Policy Information Sheet, you agree NOT to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree NOT to request that I write any reports to the court or to your attorney making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family children

In the case of married couples, any parent may choose to attend counseling with their child(ren) and have individual and family sessions. Although only one parent's signature is necessary on disclosure and policy agreements, it is in the best interest of your child's ongoing therapy for both parents to be in contact with the therapist and sign all the paperwork. In the case of divorced couples, disclosure and policy agreements must be signed by the parent/guardian with 50% custody or sole custody rights. (It is preferable that both parents sign disclosure and policy agreements; and that both parents be available and participate in the counseling process.)

FAMILIES AND CHILDREN

Under Colorado law, C.R. S. 14-10-123.8, parents have the right to access mental health treatment information (even if the parents are divorced), concerning their minor children (under age 15), unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary.

Please be advised that there are risks and benefits involved in any kind of therapy, including couples therapy. Ask me about the specific risks and benefits in your particular case.

GROUP COUNSELING: Payment for group sessions is due at the beginning of the month. For months with five weeks, we will skip one week during the month. Payment is due for the entire month, even if you will not be attending all sessions. Although you may leave therapy at any time, I ask that you attend one group session before leaving the group.

THEORETICAL ORIENTATION: My counseling style is humanistic/Jungian. As such, I am interested in family of origin information and issues. Please ask me any questions regarding my orientation. I will explain techniques and rationale as we use them in therapy.

RECORDING OF SESSIONS

I agree not to record our sessions without your written consent; and you agree not to tape record a session or a conversation with me without my written consent.

THERE ARE A NUMBER OF RISKS AND BENEFITS INHERENT IN THERAPY. Please ask me about these in relation to your specific case. There may be psychological side effects from counseling. This risk comes with any therapy. You may share painful things. Our goal is to confront these issues. With time, we hope these potential side effects will lessen and our work together will benefit you. Additionally, there are no guarantees regarding the outcome of therapy. (Please refer to the Privacy Notification Explanation of Terms for further information.)

I have read and understand the information regarding fees, policies, risks and no guarantees.

Client Signature _____

Date _____

Client Signature _____

Date _____

Therapist Signature _____

Date _____