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Boulder, CO 80301

Denver Office
1440 Blake Street, Suite 330
Denver, CO 80202

Please review the following information before our first appointment, as state law requires disclosure of much of this material.

Fee Schedule

My fees are: \$120 per sixty minute session; \$150 per seventy five minute session, and \$180 per ninety minute session. All couple sessions are ninety minutes.

Payment Policy

Payment is expected in full at each session. If needed, I will provide you with a billing statement so that you may file a claim for reimbursement with your insurance company.

Missed Appointments

Cancellations made less than 24 hours in advance will be charged to your account and are not reimbursable by insurance.

Emergencies

As a therapist in outpatient private practice, I do not provide 24 hour emergency services. If you need emergency assistance please call the Boulder County Crisis line at (303) 447-1665, or call 911, or go to your nearest emergency room.

Professional Disclosure

I am a Licensed Clinical Social Worker in the State of Colorado. I earned my Masters of Social Work degree at the University of Denver (1998). I earned my Bachelor of Arts degree in English from Boston University (1987).

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed and unlicensed psychotherapists. They can be reached at:

Department of Regulatory Agencies, Mental Health Section
1560 Broadway, Suite 1370
Denver, CO 80202
(303) 894-7769

Important information about your rights as a client:

You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy, if I can determine it. Please ask me if you would like to receive this information. Please be aware that you can seek a second opinion, and that you may terminate therapy at any time.

I am trained in the Hakomi Method of psychotherapy, which is experientially based and utilizes mindfulness in conjunction with body awareness to facilitate the healing of historic, self-limiting, and habitual beliefs. When utilizing this method, the therapist may occasionally suggest a non-invasive form of touch as part of the work. This touch is not required, and it would only be utilized with permission by you, the client. If at any time the touch does not feel helpful in supporting your process, please let me know, as I will stop immediately. If you'd like more information about this method, contact the Hakomi Institute at www.hakomi.org or call 888-421-6699.

In professional relationship such as ours, sexual intimacy between a therapist and client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

Generally, the information provided by and to a client during therapy sessions is legally confidential. This means that the therapist cannot disclose this information without the client's consent. There are exceptions to the rule of confidentiality, which are listed in the Colorado Statutes, CRS-12-43-218. The major exceptions to confidentiality are that I must report suspected child abuse; or if you present as a danger to yourself or others; or if I am court ordered to do so. I will alert you should any of these legal exceptions arise. You should also be aware that legal confidentiality does not apply in a criminal or delinquency proceeding.

If you have any questions, or would like additional information, please ask me.

By signing this form, you indicate that you have received a copy of this disclosure form, and understand your rights as a client.

Client Signature

Client Name (Print)

Date