



CLIENT/THERAPIST AGREEMENT

The practice of psychotherapy, by both licensed and unlicensed persons, is regulated by the Colorado State Department of Regulatory Agencies. Concerns can be addressed to:

Colorado State Grievance Board
1560 Broadway St, Suite 1370
Denver, CO 80202
303-894-7766

CLIENT RIGHTS

As a client you are entitled to receive information about methods of therapy, techniques used, estimated duration of therapy, and fees. You may seek a second opinion from another therapist, and you may terminate therapy at any time. Sexual relations are never appropriate in a therapy relationship. Sexual intimacy between client and therapist is illegal in Colorado and should be reported to the Grievance Board.

CONFIDENTIALITY

Information shared by you during therapy is legally confidential, with some exceptions. Legal exceptions may include but are not necessarily limited to:

1. The legal requirement to report cases in which the client indicates a realistic danger to self or others
2. The legal requirement to report cases in which child abuse or neglect is indicated
3. Therapists and records can be subpoenaed in Court proceedings, such as child custody, criminal, or delinquency cases.

Other exceptions may include but are not limited:

1. Colorado regulatory agencies require therapists to report to a supervisor. See my personal disclosure statement below for information on my supervisor.

I will identify other exceptions should they arise.

APPOINTMENTS AND FEES

Therapy sessions with individuals are 50 minutes and the full fee is \$105. Therapy sessions with couples are 75 minutes and the full fee is \$158. Clinical telephone conversations and emails will be pro-rated at your hourly rate after the first 10 minutes. If sessions are missed or cancelled/rescheduled with less than 24 hours notice, you will be charged for a full session. Payment is due at the time of each session. I have a cash only practice and accept cash, checks, or credit cards. A \$30 fee will be charged for every instance a check is returned for insufficient funds. A 2% monthly (24% annually) finance charge will be added to bills outstanding over one month. Any costs incurred in collections on your account are your responsibility.

**LoDo Healing Center, 1440 Blake St., #330
(720) 363-5538**

heather@hlcounseling.com

TREATMENT

After our first sessions (1 to 2) I will be able to provide you, upon request, with an initial evaluation, proposed treatment plan, and estimate of length of treatment. If I cannot provide the services you need based on my experience, training, and skills, I will refer you or help you locate another therapist who can. We will set treatment goals and periodically assess progress toward these goals. You may terminate at any time, but I request a final session to ensure a clean ending. Since I do not provide 24-hour crisis services, you should call 911, go to a hospital emergency room, or use the numbers on the attached EMERGENCY NUMBERS sheet for any emergencies.

PERSONAL DISCLOSURE

Name	Heather Kathryn Leavesley
Education	MA, Clinical Psychology, University of Colorado Denver, 1995
Credentials	Licensed Professional Counselor candidate
Supervisor	Linda McKinze, LCSW, Colorado License #991724

ACKNOWLEDGEMENTS

I have received a copy of the Notice of Privacy Practices _____ Client Initials

I have received a copy of this Client/Therapist Agreement _____ Client Initials

I have received an Emergency Numbers sheet _____ Client Initials

Please provide your credit card information to be used only in the event of late cancel:

Card type	Card #	Exp Date
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May I thank someone for referring you?
Name or source

I have read the preceding information and understand my rights and responsibilities as a client. I consent to treatment.

Signature of Client _____ Date _____

Signature of Therapist	Date
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