

## Policy Statement

**Confidentiality:** Private communication in therapy/analysis will remain private except in the case of a serious potential for suicide or possible physical violence toward another person. I am obligated by law to report any known or suspected instances of child abuse. When the information about your care is discussed with a supervisor and/or peer supervisors she/he/they will abide by the same confidentiality agreement.

**Fees, Payments and Insurance:** A one hour session is \$      A child's 45 minute session is \$  
Payments need to be made at each session unless otherwise negotiated. Your insurance policy may cover all or part of this fee. Please tell me if you expect such coverage as there may be specific billing procedures to follow. However, even if you qualify for insurance coverage, my fees are to be paid by you, whether or not insurance is involved. In the case of financial difficulty, a monthly billing can be arranged with a 10% interest charge on any balance due 30 days after the billing date. Returned checks will incur a \$25 charge to be paid at your next visit.

**Cancellations:** I will charge my regular rate for missed sessions **unless you cancel 48 hours in advance**. For sessions cancelled 24 hours in advance, I will charge 1/2 of my rate. Whenever there is a missed session, we will discuss the significance for therapy of your missing. A reduction in fee may be made in the event of sudden illness or emergency.

**Phone Calls:** If some emergency occurs when you would like to call me between sessions, please do so. There is no charge for brief conversations. If it seems to be advisable to work by phone for longer than 10 minutes, I will charge for that at my regular rate.

**Mandatory Disclosure of Information:** I have an office in Littleton and Denver, Colorado. The practice of all persons in the field of psychotherapy is regulated by the Department of Regulatory Agencies. The Grievance Board is located at 1525 Sherman St. Denver, (303) 866 - 3304. You are entitled to receive information about my methods of therapy, the techniques used, the duration of therapy (in so far as known) and my fee structure. You may seek a second opinion from another therapist at any time. Sexual intimacy in a professional relationship is always inappropriate and should be reported to the Grievance Board.

## Credentials

- 2006 – Present Jungian Analyst in Training, ISAPZurich, Switzerland
- 1993 Licensed Clinical Social Worker, State of Colorado # 991080
- 1990 Master of Social Work, Colorado State University
- 1970 Bachelor of Arts, University of Denver

If you have any questions or concerns about this policy statement, I will be happy to discuss them with you.

I have read and understood the above. I agree to all the professional policies stated within and agree to meet all financial obligations. I also understand that there is no absolute guarantee of cure in the practice of analysis/psychotherapy.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

## Client Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Do you have any physical problems I need to know about? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

What is your preferred method of being contacted? \_\_\_\_\_

Where can I leave a phone message for you? \_\_\_\_\_