

7000 East Belleview Avenue
Suite 350
Greenwood Village, CO 80111
Telephone: 303-513-8975

Allison Rimland, LPC

Licensed Professional Counselor

Office Policies, Consent to Treatment

Appointments: An appointment is scheduled specifically for you. Therefore, I ask that you notify me at least 24 hours in advance if you are unable to keep your appointment and wish to cancel or reschedule. **Missed appointments and late cancellations will be charged the full hourly fee.** A missed appointment cannot be billed to insurance and must be paid by the time of the next visit.

Authorizations: Required managed care authorizations need to be obtained prior to scheduled appointments. I authorize Allison Rimland, LPC to file all claims for Professional Services rendered, and authorize all insurance payments for those services to be paid directly to Thrive Family Services, LLC. I also authorize Allison Rimland, LPC to release any medical or other information necessary to process claims to my insurance company or its agent. I understand that it is my responsibility to pay for any deductible amount, co-pay, any non-covered service (i.e. missed appointment fees, completion of claim forms, court appearance fees), or services in which I am ineligible. I understand that it is my responsibility to obtain prior authorization for treatment from my insurance carrier and that failure to obtain authorization may result in increased financial expenses for services.

Fees and Payments: The fee for Individual counseling is **\$100 per 50 minute session.** Couples counseling is **\$110 per 50 minute sessions.** Longer sessions are available upon request at a prorated fee. In cases of documented special need, a fee adjustment may be made, at therapist's discretion. Other services, such as letters, reports, consultations, etc., will be charged at the session rate for the amount of time required. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time, including preparation and transportation costs, even if I am called to testify by another party. Fees/co-payments are payable at the time of service.

Agreed upon fee/Insurance co-payment: _____

Returned Check Policy: There is an additional \$35 fee for any check returned for non-sufficient funds.

Urgent calls: For life threatening emergencies, you need to call 911. Other urgent messages can be left on voice mail (M-F 8 a.m. to 5 p.m.). Calls after office hours will be returned the following business day.

Electronic Communication and Social Media: Please reserve email and text for administrative use such as scheduling, confirmations, etc. Please do not discuss confidential information via email or text or use email or text messages in emergency situations. For your confidentiality, friend or connection requests on Facebook, or LinkedIn will not be accepted, nor will I request connection with you. For Twitter or my Business Facebook page, you may follow or "like" my business accounts, but please know that doing so may compromise your confidentiality. Blog comments on my websites may similarly compromise your confidentiality.

Contacting Client: There may be times I may need to contact you. To ensure your confidentiality, **please initial** the modes of communication and contact numbers that you give me permission to use:

_____ (initial) Home phone _____

_____ (initial) Cell phone _____

_____ (initial) Work phone _____

_____ (initial) e-mail _____

_____ (initial) home address _____

Your Rights in Engaging a Therapist

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time.

Termination of services

Termination of psychotherapy may occur at any time and may be initiated by either you or your therapist. Please contact me if you decide to discontinue your psychotherapy so that we can schedule for a final session. Termination itself can be a very constructive process, and I encourage you to discuss any plans to end your treatment as soon as is necessary. If any referrals are needed, I can provide those when we meet.

Professional Relationship

In a professional therapeutic relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Consent to Treatment & Policy Agreement:

I consent to assessment, treatment, and/or diagnostic procedures for myself or for my minor child. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I agree to the policies outlined above and have had the opportunity to ask any questions, clarify my understanding of these policies.

Client or Representative

Date

Allison Rimland, LPC

Date