

## *Your Rights and Responsibilities as a Client*

### **Limits of Confidentiality:**

You should understand that information provided by you during therapy is legally confidential. There are exceptions to confidentiality. Those being that confidentiality will be broken when serious threat of harm is made toward another person, toward oneself and/or child abuse or elder abuse is reported.

If you participate in marital or family therapy, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that I utilize a "**no-secrets**" policy when conducting family or marital/couples therapy. This means that if you participate in individual, and/or marital/couples therapy, I request that information obtained in an individual sessions be part of the marital/couples therapy as well. Please feel free to ask me about my "no secrets" policy and how it may apply to you.

### **Fees and Insurance:**

The fee for service is \$80 per individual therapy session.

The fee for service is \$80 per conjoint (marital /family) therapy session.

Individual Sessions and conjoint (marital /family) sessions are approximately 50 minutes in length. I also provide extended sessions at an additional cost.

Fees are payable at the time that services are rendered. Please ask me if you wish to discuss a written agreement that specifies an alternative payment procedure.

Please inform me if you wish to utilize health insurance to pay for services. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although I am happy to assist your efforts to seek insurance reimbursement, I am unable to guarantee whether your insurance will provide payment for the services provided to you. Please discuss any questions or concerns that you may have about this with me directly.

If for some reason you find that you are unable to continue paying for your therapy, you should inform me. I will help you to consider any options that may be available to you at that time.

### **Cancellation Policy:**

In order to provide quality services to as many clients as possible I ask that if you need to cancel or reschedule an appointment you do so **at least 24 hours** before your scheduled appointment. If you do not cancel the appointment 24 hours before the scheduled time you will be responsible for the full payment.

**Type of Therapy:** Mode of therapy used is talk therapy focused on changing cognitive distortions through thought awareness, education and community resourcing. You may seek a second opinion from another therapist and therapy may be terminated by the therapist or client at anytime if treatment is proving ineffective. Referrals can be made in such a case.

**Degrees and Licenses:**

I hold a Masters Degree in Contemplative Psychotherapy from Naropa University. I am a Colorado state licensed Marriage and Family Therapist #787. The board that regulates MFT is the Department of Regulations. You can contact them by phone at 303-894-7800 or online at [www.dora.state.co.us/mental-health/mft](http://www.dora.state.co.us/mental-health/mft).

**Therapist Availability/Emergencies:**

Telephone consultations between office visits are welcome. However, I will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions.

You may leave a message for me at any time on my confidential voicemail. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Nonurgent phone calls are returned during normal workdays (Monday through Friday) within 24 hours. If you have an urgent need to speak with me, please indicate that fact in your message. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

I have been informed of my therapist's degrees, licenses and policies. I have read the preceding information and understand my rights and responsibilities as a client.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Amy King-Zipp LMFT \_\_\_\_\_

Date: \_\_\_\_\_