**Denise Breinig-Glunz, LCSW, LLC**
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# Agreement to Pay and Practice Policies and Procedures

**FEES**: 50-minute session, $150
2 hour Discernment Counseling session, $360
1 1/2 hour Discernment Counseling session, $270
1 hour Parenting Plan Mediation, $170

**MISSED APPOINTMENTS**: Your appointment time is reserved for you. If you need to change your appointment time or cancel, please give me 24-hours notice or you will be billed a $65 late cancellation fee.

**PAYMENT METHOD**: Payment is due at the time of the session, although other billing arrangements may be made on a case-by-case basis. You may request a monthly statement, which can be used for insurance or income tax purposes. Payments may be made by check, cash, or credit card.

In the unlikely event that check funds are dishonored, you give authorization for the funds to be collected electronically for the face value of the check, plus a $25 processing fee. Further, you are aware that in the event of non-payment, your account may be turned over to a collections agency. Please note that the person who signs this fee agreement is ultimately responsible for the payment of services. If the costs are to be split such as in the case of divorced parents, it is your responsibility to collect reimbursement for these fees from the other parent.

**INSURANCE AND THIRD PARTY PAYMENTS**: I am currently not in-network with any insurance providers. If your insurance covers mental health services, and allows you to see an out-of-network provider, I am happy to sign the necessary paperwork for you to be reimbursed. It is your responsibility to pay me directly for services, file your claims, collect your payments, or negotiate settlement on disputed claims.

I will provide only the least amount of information necessary for the purpose of authorizing benefits; however, released confidential information may include identifying information, diagnosis, dates and types of sessions and charges. Once your confidential information leaves my office, I have no control over the storage or access to your confidential information. The insurance company will determine benefit coverage and the kind of service for which they will reimburse.

**LITIGATION:** If you are involved in divorce or custody litigation, please understand that my role as a therapist is <u>not</u> to make recommendations for the Court concerning parenting or custody issues, nor to testify in court concerning an opinion or issue involved in the litigation.

Evaluations to be used for legal purposes should be obtained from a non-treating mental health professional independent of the therapy.

**"NO SECRETS" POLICY:** When treating a couple or a family, the couple or family is considered to be the client. There may be times when an individual member of the family or couple shares information in a way that does not include the other member(s) of the couple or family. In general, such information is considered confidential and will not be disclosed to any third party unless required by law. However, in the event that you disclose information that is relevant to the treatment of the couple or family, I will share that information with the other members of the couple or family for the sake of facilitating treatment. Whenever possible, I will first give you the opportunity to share the information yourself. In addition, if a request is made for the records of couple or family therapy, records will only be released with the consent of all parties, and any information that is released will be released to both members of the couple or to all adults engaging in family therapy. This "no secrets" policy is intended to allow me to continue to provide therapy to the family or couple by preventing, as much as possible, conflicts of interest that may arise. If you feel it necessary to talk about matters that you do not wish to have disclosed, you should consult with a separate therapist for individual treatment**.**

**TREATMENT OF MINORS:** If you are consenting to the treatment of a minor child, you will be required to provide a copy of the most recent Court Order Custody Agreement and/or Parenting Plan, if applicable, that gives you the authority to consent to the treatment of the child. By signing this form, you agree to keep me informed of any supplemental court orders or other proceedings that impact your parental rights, custody arrangements, or decision-making authority. Failure to produce the Court Order will prohibit me from seeing the minor child. If there is joint medical decision-making authority for your child, I will require both parents to consent to treatment and will not proceed until such consent is obtained.

In the course of treatment with your child, I may involve other family members in your child's treatment. However, please remember that my client is your child, not the other family members of the child. Any meetings with you or other family members will be documented in your child's record. These notes will be available to anyone who has legal access to your child's treatment record.

Therapy is most effective when there is a trusting relationship between the therapist and client. Privacy is important in establishing trust, and as a result, it is often important for child or adolescent clients to have a level of privacy around the therapy. It is my policy to provide parents with general information about their child's treatment, but not to share specific information disclosed during therapy. This includes behaviors that you may not approve of but which do not place your child at imminent risk or danger. If I ever feel that your child is in danger, I will communicate this information to you. If you have questions about the types of information I will share, you can feel free to ask me hypothetical questions about situations that I would or would not disclose to you.

**AVAILABILITY:** Please leave routine voice mail messages for me at 303-575-1008. I will attempt to return your call within 24 hours. If you have an urgent matter and must contact me right away you may call my cell phone at 720-220-9814. During my vacations or absences from my practice I may designate anther mental health colleague to cover for me. That person's contact information will be shared on my voice mail message and you are free to call them as needed. Please note that they will not have access to your record.

**USE OF ELECTRONIC MEDIA:** For ease of communication, you may e-mail or text me. However, confidentiality is difficult to ensure in these types of communications. Therefore, it is preferable to use electronic media for business purposes only.

**RECORDS:** I maintain a physical paper record of services provided. I take reasonable precautions to protect the privacy and security of any physical paper records including keeping the records in a locked file cabinet. Paper records are maintained and will be destroyed in accordance with state and federal laws and regulations. Currently, Colorado law requires that mental health therapists maintain your records for a period of seven (7) years commencing on the date of termination of services or the date of last contact with the client, whichever is later. After this time, your records will be destroyed. When the client is a child, the records will be maintained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever is later. I may not retain the records for more than twelve years. If you would like further information about the maintenance of your records, please ask. In the event of my incapacitation or death a Professional Executor will be appointed to monitor your clinical record and provide referrals.

**TERMINATION**: Termination will usually be agreed upon mutually, but you are free to terminate at any time. If you choose to discontinue therapy for more than sixty (60) days without communicating with me, your therapy will be considered terminated. If you want to resume therapy after termination, please discuss this with me. a few specific instances I may decide to stop working with you even though you wish to continue. These include a failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency and prolonged failure to make progress in our work together. Should this occur, the reason for termination will be discussed with you, and you will be helped to make different plans for yourself, including a referral to a more appropriate resource.

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Client or Parent/Guardian Signature Date

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Client or Parent/Guardian Signature Date