Greenwood Counseling Center

7430 E. Caley Ave. Ste. 130E, Centennial, CO 80111
Phone (303) 221-1272, Fax (303) 694-4060

Service Agreement

1. **Session Length and Cancellation Policy:** Therapy sessions are 45-50 minutes long. This time is reserved for you. In the case that you need to cancel or reschedule an appointment, 24-hour advance notice is required. With less than 24 hours' notice, you will be charged the full amount for the session. Clients who are covered under Victim's Compensation are personally responsible for the full fee for appointments that are cancelled with less than 24 hours of notice. Victim's Compensation will not pay for missed appointments.

2. **Therapy Session Fee:** The fee for a 45-50 minute session is $145, due in full prior to each session.

3. **Additional Billable Services:** Telephone conversations in excess of 10 minutes, reading and responding to lengthy e-mail communication, consulting with physicians, time involved in discussing your case, letters or summaries related to your therapy, and filling out reports, may all be charged on a pro-rated basis as regular sessions. These services will be billed for in ten minute increments at the rate of $29 per 10 minutes.

4. **Court Appearance Policy**: Reports and court appearances require professional time for which I charge a rate of $300 per hour, at a minimum of $900. All reasonable effort should be made to work with me regarding the scheduling of any such appearance. Billable time includes time spent preparing for the court appearance, time spent in court, and time spent commuting to and from the courthouse. I require a pre-payment retainer of $900.00 seven days prior to any scheduled appearance. Any billable time beyond the $900 will be charged for separately at rates of $300 per hour. No reimbursement will be made for cancellations within 24 hours of the scheduled appearance.

5. **Theoretical Orientation:**

    a. **Carron L. Maclean, MA, LPCC, NCC**: My counseling style is primarily based on the Adaptive Information Processing model. In addition to the AIP model, I draw from Cognitive Behavioral Theory, Positive

Psychology, Family Systems and Existential Theory approaches. I am trained in Eye Movement Desensitization (EMDR). I will happily provide additional information on any of my approaches or techniques upon request.

6. **Family Counseling Sessions & Confidentiality:** Sessions with couples/families will be charged at the regular rate for couple/family counseling. Should I see any individual in a private session, I reserve the right to bring that information into the joint session if I feel it is necessary to treatment of the couple/family. Please note this is different than individuals in counseling and their privilege of confidentiality.

7. **Confidentiality:** The information you provide during therapy sessions is legally confidential, subject to some exceptions. For more information, please refer to the Mandatory Disclosure Statement.

8. **Payment Agreement**: By signing this agreement, you agree to make payment at time of service (unless another agreement is reached - in writing). Acceptable forms of payment are check, cash, Visa, MasterCard and Discover Card. In the event a balance accrues, you agree to pay all incurred expenses within 30 days of each billing statement. If payment in full is not made within 10 days after the scheduled due date for any billing, you further agree to pay a late charge (in addition to the original balance) in the amount of 1.5% of the unpaid balance. If payment is not made on a timely basis as agreed, then appropriate steps may be taken to collect sums owed - which may include sending the delinquent account to a collection agency and the pursuit of other legal remedies. The costs of collecting overdue payment will be assessed against the client.

I have read the preceding information and agree to be bound these terms:

Signature of Client (ages 15 and older)	Date
Signature of Client (ages 15 and older)	Date
Signature of Parent/Guardian (clients under 15)	Date
Signature of Parent/Guardian	Date
Signature of Therapist	Date

Revised Jan. 2017