

**JAMEY COLLINS,
LCSW**

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THERAPY SERVICE AGREEMENT

Therapy is an alliance and process between therapist and client to increase awareness and bring about positive change. This agreement is designed to describe the therapeutic relationship in order to create consistency, stability and successful outcomes. I understand that the terms of therapy outlined below will contribute most effectively to my growth.

CLIENT RESPONSIBILITIES: I agree to participate actively in the process of therapy by:

- A. Striving to be open, genuine, and present in my interactions with my therapist. I understand these qualities help to create a positive environment for the change I seek.
- B. Setting realistic and concrete goals with my therapist.
- C. Bringing in material that has surfaced to increase awareness and options for change. I understand that change requires work outside of the sessions.

THERAPIST RESPONSIBILITIES: I understand that my therapist agrees to utilize his skills, training, and experience to the best of his ability in order to maintain a constructive working relationship. He does this by:

- A. Striving to be open, genuine, and present in interactions with me.
- B. Being committed to promoting the principles of empowerment that help me achieve my goals. My therapist views therapy as a means, not an end.
- C. Striving to promote and sustain the highest level of functioning for me throughout the course of my therapy.

MONEY MATTERS

- A. I understand that the standard fee for each 50 minute session is \$140. Other agreed upon session lengths are prorated accordingly.
- B. I agree to pay (check or cash) for sessions at the time of service, unless an alternative payment arrangement has been negotiated prior to the session. A billing receipt is available upon request to submit to my insurance company for reimbursement, if such services are covered in my policy.

ATTENDANCE AT APPOINTMENTS

I agree to appear on time for all scheduled sessions. I understand that if I do not show up for my session or if I cancel less than **24 hours** before a session, I will be charged the full fee. **I agree to reschedule/cancel sessions by phone (voicemail) only (303-641-6410).** I realize most insurance companies do not cover this charge, so I would be responsible for the cost of the missed appointments.

(over)

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TERMINATION OF THERAPY

I understand that psychotherapy works as a collaborative process. I can discontinue my therapy at anytime. However, I understand that my therapist strongly advises that when I am considering closure to our work, that I discuss this with him in sessions. Because of his training and experience, he understands that termination is often the most important stage of work. When my therapist sees me approaching readiness to leave, he will discuss this with me. He is always interested and willing to discuss my progress at any time I request.

CHANGE OF CONTACT INFORMATION: I will notify my therapist of any changes in my name, address, and phone number(s).

THERAPIST AVAILABILITY BETWEEN SESSIONS

- A. I understand that I may be charged for phone time in excess of 10 minutes.
- B. **Non-emergency** phone calls will be returned within 24 hours.
- C. My therapist will inform me in advance when he is planning to be out of town during our appointment time. Another therapist will be designated for emergencies.
- D. I understand that emergency phone calls should be reserved for crises I am unable to contain such as having uncontrollable flashbacks, wanting to hurt myself or others. My therapist does not routinely check his messages on weekends or after 8 pm on weekdays. He frequently conducts trainings and workshops and does not carry a beeper. I understand that he is sometimes unavailable for extended blocks of time. When my therapist does get my emergency message, he will return my call within 20 minutes. If there is no call within 20 minutes, I can assume he hasn't received my message and I should contact a friend, a mental health crises helpline, call 911 or proceed directly to a hospital emergency room as needed.

I understand and agree to these terms of therapy.

Client(s) Signature(s)

Date

Print Name(s)

Therapist

Date