Rosanne Henry, M.A., L.P.C.

5234 S. Camargo Rd.
Littleton, CO 80123
303.797.0629

Therapy Policies

I encourage you to be an active partner with me in your psychotherapy. Please bring up any questions or concerns about your treatment so that we can work together effectively. You may seek a second opinion if you like and you may end treatment at any time.

Financial Agreement

My fee is $120.00 for a 55 minute session. Payment is made at the beginning of each session. I ***accept checks and cash***. Clients with extenuating circumstances and a good payment history may be billed monthly. However, payment is due upon receipt. Those clients, whose bills are delinquent 60 days or more will be charged 10% interest per month and may also be responsible for payment of legal and collection fees, if such services are necessary for non-payment. If there is a possibility that Crime Victim benefits, Employee Assistance programs, or Health Insurance will be covering any part of therapy, we need to discuss this as soon as possible.

I will file all of the necessary paperwork for Crime Victim benefits or Managed Care reimbursement; however, if they are not willing to pay for your therapy, you are still responsible for payment.

If you need letters, reports or other necessary documents prepared on your behalf, I am happy to comply, but need to charge $60/hour for my time.

I do not usually charge for occasional, brief phone calls between sessions with you, or with other professionals on your behalf. If such contacts become more frequent or extended, I will charge a pro-rated fee based on my regular rates. I will discuss this with you in advance.

Cancellation

Please notify me at least 24 hours in advance if you need to cancel or reschedule an appointment. Without such notice I will charge a $60.00 rescheduling fee.

*I have read and understand the **THERAPY POLICIES & FINANCIAL AGREEMENT**. I consent to therapeutic services from Rosanne Henry L.P.C., and agree to meet my financial obligations. I also give permission for information to be released as needed for insurance reimbursement, consultation, or fee collection.*

_____	_____
Client's name (print)	*Address (print)*
_____	_____
Client's signature	*City, State and Zip*
_____	_____
Date	*Phone (preferably cell)*