

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

5234 S. Camargo Rd.

Littleton, CO 80123

303.797.0629

Therapy/Consultation 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.

Financial Agreement

My fee is \$150.00 for a 55-minute session. Payment is made at the end of each session. I **accept checks, cash, Zelle and PayPal**. Clients with extenuating circumstances and a good payment history may be billed monthly. However, most of the time the payment is due each time we meet. 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 you need letters, reports or other necessary documents prepared on your behalf, I am happy to comply, but need to charge \$75/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 \$75.00 rescheduling fee.

*I have read and understand the **THERAPY/CONSULTATION POLICIES & FINANCIAL AGREEMENT**. I consent to therapeutic/consultation 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)

Client's email

Client's skype address