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Policies and Consent for Treatment

Welcome to my psychotherapy practice. The following is provided to help you become acquainted with the way I work. These office and payment procedures are provided for our mutual understanding and agreement. These policies protect us both from any misunderstandings or false expectations so that we can work together effectively. Please take time to read it carefully. I will gladly discuss any (or all) of these items with you at our first meeting.

- ❖ Effective psychotherapy requires a good match between client and therapist. During our first session or two we will determine if I am a good choice of therapist for you. If not, I will refer you to a therapist I believe may be a better fit.
- ❖ I assume you wish to begin therapy because you desire certain changes in your life. I will do my best to help you achieve your goals, but I cannot guarantee any particular outcome. You are likely to gain the most benefit from counseling if you are committed to the process and attend regularly. You and I will agree upon the frequency that will work best for your needs.

Scheduling

- ❖ We can schedule meetings for both your and my convenience. I will tell you at least a month in advance of my vacations and any other time we cannot meet. It's helpful for scheduling to bring your date book/calendar/schedule to appointments.
- ❖ I *do not* send out reminder texts or emails regarding appointments. I will expect that you will have a system to keep track of our appointments.
- ❖ Clients typically schedule 50-minute appointments one time per week, or once every other week. The length and frequency of your sessions will be your decision; however, I will let you know my clinical recommendations in order to get the best outcome possible.
- ❖ A cancelled appointment delays our work. I will consider our meetings very important and ask you to do the same. Please try not to miss sessions if you can possibly help it. When you must cancel, please give me as much advance notice as possible. Your session time is reserved for you. I am rarely able to fill a cancelled session unless I know at least a week in advance.
- ❖ Clients arriving late will be responsible for paying for the session time scheduled and will not receive the full session time as I typically have another session afterwards.
- ❖ If I am ever unable to start on time, I ask your understanding. I also assure you that you

- will receive the full time agreed to.
- ❖ To cancel or reschedule, please call my cell phone (303) 229.2804, you may also e-mail me at dawnkinglpc@gmail.com.

Session Fees

- ❖ I charge \$130 for a 50-minute session and \$170 for a 75-minute session and \$140 for couples counseling. I accept cash, checks or all major credit cards and HSA cards.
- ❖ Payment is due upon services rendered. Please come prepared as fees are usually collected at the start of the session.
- ❖ If I am not in-network with your insurance company and you would like a monthly statement to submit for reimbursement, let me know on a monthly basis and I will provide a statement.

Additional Fees/Payment Policies

- ❖ **No-Show/Late Cancellation Fee:** If you miss an appointment time without notifying me or cancel with less than **24 hours' advance notice**, you will be charged the full fee for the hour. If you are using insurance benefits, you will be charged what your insurance company reimburses me for the session (not your co-pay).
- ❖ Phone consultations lasting more than 15 minutes will be charged based upon my hourly rate.
- ❖ I charge my usual fee (pro-rated) for other professional services I may provide to you. These services include, but are not limited to, report writing, attendance at meetings with other professionals you have authorized, preparation of record or treatment summaries or if your insurance company should require a letter or report to be mailed on your behalf.
- ❖ **Insurance patients:** if I participate with your plan, I will verify your network benefits, file your charges, and your insurance carrier will pay me directly. I will expect payment of your portion of the charges at the time of service. If you are not eligible for insurance benefits for any reason, at the time services are rendered, you will still be responsible for payment of my full fee for charges incurred.
- ❖ Please remember that the financial relationship, just like the therapeutic relationship, is between you and me, thus the responsibility for prompt payment of all fees is yours. In the rare event that collection action should be necessary you will be responsible for the amount due plus all collection costs including attorney fees.
- ❖ If your check is returned by the bank for insufficient funds, you will be responsible for the reimbursement of any bank fees charged to my account for your returned check.
- ❖ **Credit Card Number on File:** I will ask you for your credit card number. This is to ensure that payment is timely. You may choose to pay with a check or cash. In this case, the credit card will *only* be charged in the case of a missed session without the adequate notice of 24-hours. I use Ivy Pay, a credit card processing service that is HIPPA compliant.

Confidentiality

- ❖ In all matters having to do with psychotherapy, confidentiality will be maintained unless you have signed a release of information form to a specific individual or agency. Please review the disclosure statement for information regarding other exceptions to confidentiality.
- ❖ I may seek consultation from another mental health professional(s). However, your identity will not be revealed without your consent.

Other exceptions to confidentiality:

- ❖ Your name and address may be sent to a collection agency if I am unable to collect my agreed upon fee.
- ❖ Your right to confidentiality will be waived if you file an official complaint or a lawsuit against me.
- ❖ If you are using insurance, your insurance company may request information from me about the therapy services you have received which may include, but not limited to: a diagnosis or service code, description of services or symptoms, treatment plans/summary, and in some cases your entire client file.

Emergencies

- ❖ Please note that I am unable to provide you with 24-hour access. I provide non-emergency therapeutic services by scheduled appointment only. If you feel or I determine that you need a therapist who can be more available to you at any time in your treatment, I will do all I can to assist you in finding one.
- ❖ If you leave a voicemail for me at 303.229.2804, I will return your call by the end of the next business day, excluding holidays and weekends. I do not check voicemail after 7:00 pm or on weekends.
- ❖ If you are having a crisis, get to a place of safety before calling my cell phone. I will return your message as soon as I am able usually by the end of the next business day if not sooner.
- ❖ If you are experiencing a true emergency, go to your nearest emergency room or dial 911. You may also contact the Colorado Crisis Support line at 1-844-493- TALK (8255) for immediate 24-hour assistance. They also provide walk-in services.

E-mail and Text Guidelines

- ❖ You may e-mail or text me to make, cancel, or reschedule an appointment, to make brief reports about your progress, or to ask simple questions that can be answered in a few words. But deep therapy issues, questions, or crises will not be addressed by e-mail or text.

Social Media Policies

- ❖ **Friending.** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding current or former clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.
- ❖ **Fanning.** I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. You are welcome to view my Facebook Page and read or share articles posted there. Please take into consideration if you prefer to “Like” my page or comment on posts that this can also compromise client confidentiality.

Notice of Privacy Rights

- ❖ You have been provided with a HIPAA Privacy Statement which outlines your privacy rights.

Records

- ❖ Records can only be released with your written permission, and if you were seen in as part of a couple, all adults present would have to sign the release. It is my policy not to release an entire record, even with your consent. Instead, I will summarize the content related to the request. If you choose to read your record, it is my policy to be present in order to respond to any questions or confusion you may have about the record.

Legal Proceedings

- ❖ If you ever become involved in custody or other legal proceedings, I do not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons:
 1. My statements will be seen as biased in your favor because we have had a therapy relationship, and
 2. The testimony might affect our therapy relationship, and I must put this relationship first.
- ❖ For any legal preparation my fee is \$250/hour.

Notice of Termination

- ❖ You are not obligated to any specific number of sessions. Termination will usually be agreed upon mutually, but you are free to terminate at any time. It is important, however, to give me one session's notice if you do decide to terminate. I want to avoid a situation where you cancel and don't reschedule without explanation. A clean ending is important to both of us and can be a most valuable part of our work together.
- ❖ In a few special instances I may decide to stop working with you even though you wish to continue. These include failure to meet the terms of our fee agreement, a need for special services outside of the area of my competency, frequently canceling appointments, and prolonged inability to make progress in our work together.

Finally, I am not a member of a group practice nor is any other professional that shares this office suite. I look forward to working together. Again, if you have any questions or concerns regarding these policies, please discuss them with me prior to signing.

I have read and understand the Policies and Consent for Treatment. I consent to therapeutic services from Dawn King, LPC, CACIII and agree to meet the financial obligations. By signing this consent, I also give permission to share information with my insurance company, if needed, in order to facilitate reimbursement. I also give permission for information to be released, as needed, for consultation or fee collection.

Client Signature

(date)

Therapist Signature

(date)