Patricia P. Ashley, PhD, LPC
720-565-3388
www.pattiashley.com

INFORMED CONSENT AND RELEASE

The practice of psychotherapy is regulated in Colorado by the Department of Regulatory Agencies. Questions, concerns, or complaints may be directed to: Department of Regulatory Agencies, 1560 Broadway, Suite 1370, Denver, Colorado, 80203.

Colorado State Law requires that you be informed of the following client rights:

- A client is entitled to receive information about the methods of therapy, the techniques used, the expected duration of therapy, and the fee structure.
- A client may seek a second opinion from another therapist and may terminate therapy at any time.
- In a professional relationship, such as client-therapist, sexual intimacy is never appropriate and is unethical and illegal in Colorado. Infractions should be reported to the Department of Regulatory Agencies.
- The information provided by a client during therapy is legally confidential, except as required by law. These exceptions include: 1) suspected elder abuse or child abuse/neglect (reported to an appropriate agency); 2) information from a client concerning a serious threat of imminent physical violence against a specific person(s); 3) to initiate a mental health evaluation of a client who is dangerous to self or others due to a mental disorder.

In addition to State requirements, the following policies and procedures are implemented in the psychotherapy services I provide:

- My fees are $200.00/hour. Payment is required at each session, unless other arrangements have been made. A balance that is more that 30 days overdue will be referred to a collection agency. There is a $25 charge on any returned check.
- I can provide you with a receipt for you to submit to your insurance company for reimbursement.
- Payment is the responsibility of the client, including any auxiliary services requested, such as phone calls or reports to other parties (which are not covered by insurance benefits).
- Missed appointments are charged for unless notice is given ***24 hours in advance***; insurance reimbursements cannot be applied to missed sessions.
- If there is no contact within 90 days of last appointment, your case file can be automatically closed.
- Consultation with colleagues or an expert relevant to your psychotherapy may be desired. This may be done without identifying information so that privacy is protected. Do I have permission to do so under these conditions, without specific consent for each occurrence? **Yes No** (If consultation would require specific identifying information, a separate release of information would be executed.)
- I may need to contact you via mail or telephone. I **will not** leave confidential information if a message is left. Do I have permission to do so? **Yes No**

Questions or concerns regarding your therapy, my policies, or your billing are welcomed. By signing this form, you confirm having received **Privacy Policies and Procedures,** and indicate your understanding of and agreement with all above mentioned laws, policies, and procedures.

Signature of Client(s) _____ Date: _____

_____ Date: _____

Patricia P. Ashley, PhD, LPC _____ Date: _____