

**Susan Denison, MSW, LCSW**

Child, Family, and Individual Therapist

720.427.8222

**PERTINENT INFORMATION**

1. My fee for psychotherapy sessions is \$150. A typical session is 45 minutes in length. An hour and one-half session is \$225. Intakes are 45 minutes long and split into two sessions for ease of information gathering. I will give you a statement so that you may send it to your insurance company for reimbursement, depending on your plan. All questions regarding your insurance policy should be directed to your insurance company.

2. There may be times when I seek consultation regarding client issues that may arise in sessions. Client confidentiality is still protected during consultation.

3. I provide **non-emergency** psychotherapeutic services by scheduled appointment. If I believe that your mental health concerns are above my level of competence or outside my scope of practice, I am legally required to refer, terminate, or consult with someone knowledgeable about your particular mental health concerns. If, for any reason, you are unable to contact me by telephone—720.427.8222, and you are having a true emergency, please call 911 or seek assistance from your nearest hospital emergency room.

4. I have a **24-hour cancellation policy in place.** Please note that you will be charged the **full amount of your session** based on a 45 minutes session for regularly scheduled sessions (\$150/\$155 for cc) if you do not adhere to this policy. True emergencies are acceptable however and will be based on the situation. Calling in sick at the time of your appointment to cancel will be charged as a No Show and billed accordingly. Also note that if you are the parent/guardian and your child no shows for an appointment, you will be liable for the full fee (\$150/\$155 for cc) of the session.

**NOTE: If you do not adhere to the above policy regarding payment for services, your uncollected fee will be turned over to a collection agency and you will be charged a percentage of their fees!!**

If you have any questions or would like additional information, please feel free to ask during our initial session and any time during sessions.

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Name \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_