

**Anne Perry, Psy.D.**  
**Licensed Psychologist, License #0004611**  
**17301 W. Colfax Ave. Suite 200 Golden, CO. 80401**  
**720-446-6082**  
**dranneperry@co.hush.com**

**CONSENT FOR TREATMENT**

I, \_\_\_\_\_ authorize and request that Anne Perry, Psy.D., provide psychological examinations, assessment, interventions and/or diagnostic procedures that now or during the course of my care as a client are advisable. The frequency and type of assessment will be decided between Anne Perry, Psy.D. and myself. I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.

I understand that there is an expectation that I will benefit from this assessment and/or interventions, but there is no guarantee that this will occur. I understand that maximum benefit will occur with consistent attendance and that at times I may feel conflicted about the therapy as the process can sometimes be uncomfortable.

I have read and fully understand this Consent for Treatment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE POLICIES**

**Confidentiality**

Any information that you disclose in the course of therapy is held in strict confidence. By law, any information concerning our professional relationship can only be released with your prior, written consent. There are some exceptions to this guarantee, which are required by California law. **I am legally required to report all incidents of suspected child, elder or dependent adult abuse to the appropriate authorities. I am also legally mandated to take preventative action should a client present a danger to him/herself or others.** In addition, information and records may be provided in the event of a court order, or where disclosure is otherwise required by law. Should a medical emergency happen during our session that would require me to contact emergency personnel, I would have to release identifying information about you to the medical personnel that would be necessary for you to receive appropriate care. Finally, I receive regular professional consultation. In such cases, neither your name nor any identifying information about you is revealed.

Scheduling and Cancellations Counseling sessions are 50 minutes in length, and occur on a weekly basis, unless otherwise arranged. Appointments represent time reserved exclusively for you. **If you must cancel an appointment, you must give at least 24 hours notice, or you will be charged your usual fee for the missed appointment.** Special consideration can be made for an accident or other extraordinary circumstances. Cancellations may be

left on my voice mail at any hour of the day or night. When you have met your goals, you and I can discuss how and when to end therapy. Please let me know ahead of time if you plan to stop coming so that we can discuss any concerns before the end of therapy. If you fail to attend a session without canceling, you will be charged for this session even if you do not intend to return to therapy. Regarding tardiness, my policy is that if you are more than 15 minutes late for our session, we will not have adequate time to sufficiently and adequately address clinical issues, and thus I will request that we reschedule for the following week. Special considerations may be made for emergencies. Please initial to the right to indicate that you understand and agree with this policy: \_\_\_\_\_

## Fees

Fees will be set prior to our first session. We have agreed upon a fee of \$150.00 per session if I am meeting with you on an individual basis, and \$180 per session if I'm meeting with you as a couple. Fees may be paid by cash, check or credit care and are due at the beginning of each session, unless other arrangements have been made. **Please note that there is an additional \$5 fee with all credit card or Paypal transactions.** You may also pay for your session through Paypal on my website: <http://www.denverwesttherapy.com> any time prior to our session. If you expect to be reimbursed by insurance, you must still pay your full fee each visit unless other arrangements are made. At your request, a fee statement will be provided for you at the end of each month so that you may submit it to your insurance company. There is a \$20 fee for returned checks, and a \$20 late fee will be charged for any fee not paid within 30 days. Additional charges will accrue for any unpaid balances.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option to use legal means to secure payment. If you receive worker's compensation and are looking to have coverage for our session through them, I request a signed copy of your authorization before starting any initial evaluation or therapy with you.

Please initial here to indicate that you understand and are in agreement with this policy:

\_\_\_\_\_

## Telephone Consultation

There is no charge for brief phone calls or to set or change appointment times. All telephone calls beyond 20 minutes in length will be billed on a pro-rated basis at the usual session fee.

## Contacting me

Though I am often not immediately available by phone, you may contact me at 720-446-6082 and I will make every effort to return your call within one business day. Please note that I am not available by phone on Saturday, though if you leave me a message on Saturday, I will return your phone call the following day. In emergency situations when I am not available, you may get immediate assistance by calling Jefferson County's 24 hour

crisis line at 1-844-493-8255, the Suicide Prevention Lifeline at 1-800-273-8255 or 911, or you may contact your physician, or psychiatrist.

IF YOU ARE INVOLVED IN LITIGATION IN WHICH YOUR EMOTIONAL STATE OR PARTICIPATION IN THERAPY MAY BE RELEVANT: Dr. Perry prefers not to be involved in any litigation that you may participate in, even as a witness for emotional damages, because her participation in lawsuits can severely compromise your confidentiality, may inadvertently work against your case, and is not believed to be therapeutic. Should her participation be required either by your side or by the opposing side, you will be responsible for reimbursing her at the forensic rate of \$275/hour for all time spent in the legal process, including report-writing, consultation with attorneys, testifying, and travel. This will be true regardless of her exact assigned role within the process, whether it be fact witness, expert witness, percipient expert or treating expert, etc.

### Ending Therapy

You may end therapy at any time. I strongly recommend a final session for closure of our work together. If you have further questions about my training, experience or approach, or need clarification regarding any of the above information, please do not hesitate to ask me.

I have read, understand and agree to the above policies and the fee for services.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

