



# *Trusted Therapy, Inc*

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## *Treatment and Fee Agreement*

*1030 Johnson Rd*

*Suite 323*

*Golden, CO 80401*

*303-709-5897*

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### *INVESTING IN THE FUTURE*

We strive to be an investment in the future, not just a cost, for people who decide to work with myself or any professional here. We are here to help maximize people's health, performance and possibilities. We realize that personal psychological work is not easy and can be challenging. We have experience and training in a wide variety of approaches. If you want to know more about how we work with people, please ask.

A "Therapeutic Hour" in this office is approximately 50 minutes of face-to-face time and 10 minutes of documentation time. The standard fee is \$150.00 per hour. Services provided at this rate are: therapeutic appointments, performance enhancement sessions, feedback sessions to clients or guardians, phone calls longer than five minutes, report writing, third-party consultations, travel time and (in some cases) testing. Services are pro-rated based on the time involved. Bariatric psychological evaluations are \$200 per hour.

*Certain services are provided at one and one half times the standard rate. These services are: forensic evaluations, depositions, court attendance, and court preparation. If asked to appear in court (including subpoenas), we charge for a minimum of four hours preparation and court time (this includes travel time). If given less than five business days' notice, we charge for a minimum of five hours time. Specific services, such as: Psychological Evaluations, Interactional Evaluations, Therapeutic Parenting, Co-parenting Training, Decision-Maker role and Forensic Evaluations are specifically contracted for and a Retainer of \$1000 is required before services begin.*

We reserve the right to change the standard fee at any time. However, existing clients will be notified of the change prior to their next appointment or service.

Please be aware that we have a registered therapy dog ("Maggie") who is frequently in the office. She is registered through American Humane Society and Delta Society. If you would like to work with Maggie, please inform your therapist. If you have any concerns about Maggie being in the office please speak with Tonya McFarland, Psy.D. or your therapist.

### *CANCELLATIONS*

We strive to set time aside exclusively for a person or a family to deal with important life issues here and cannot easily fill that time at the last minute. Please call to cancel or reschedule an appointment as soon as you know it will be necessary. If you do not give 24 hours notice to cancel an appointment, you will be charged for that appointment (in certain

well documented emergencies, the fee may be waived). This applies to any planned services. It is your responsibility to notify Trusted Therapy staff if you intend, or need, to cancel.

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If, however, the school district officially closes all the Jefferson County schools in Golden due to weather or other conditions, this office will also be considered closed and you will not be charged for a missed appointment during the time schools are closed.

### *PAYMENTS*

You are expected to pay for each session at the time of service. Except for specific cases, you will be responsible for paying the fees and securing reimbursement from your insurance company yourself. We will assist you by providing you with documentation that you may submit to your insurance company if you wish to be reimbursed. We accept cash, checks on a local bank, or cashier's checks. There will be a \$35.00 charge on all returned checks - and checks will no longer be accepted from you or your family.

### *STRIVING TO BE OF VALUE*

We have found that regular and consistent sessions lead to better progress, growth, and/or healing, than infrequent sessions. Experience has shown that planned and appropriate endings are very valuable for people. Please speak with me if you are planning to end your treatment here, so we may plan an appropriate, healthy way to wrap-up our work.

### *DELINQUENT ACCOUNTS*

Please notify me of any circumstances that significantly affect your financial situation. After two sessions without payment, your account will be considered "Past Due", unless we have agreed to an alternate payment plan. We reserve the right to stop treatment if a person's account becomes Past Due, the person does not take action to rectify the situation, and/or refuses to pay for services - and to turn over "Past Due" accounts to a collection agency. Clients will be responsible for all costs of collection including a reasonable attorney fee.

### *CONSULTATION & CONFIDENTIALITY*

In order to provide the best services for our clients, consultation with other professional may occur. By signing this form you are agreeing to allow us to confer and consult with other professionals about your situation. Any professional that we may consult with, will be expected to follow current laws and professional ethical guidelines

Confidentiality cannot be guaranteed when you use electronic media to contact us. If you would like to send a text message or electronic mail (e-mail), please be aware of the limits to confidentiality. By sending us a text message or an e-mail you are giving us permission to respond to your message in kind (the same electronic manner).

### *THIRD PARTY CONFIDENTIALITY*

We take very seriously the confidentiality that people expect when they work with a psychologist or therapist to improve their lives. Confidentiality is important in facilitating honest personal work. However, we have no control of, or responsibility for, confidentiality procedures employed by other parties who might gain mental or physical health information

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about you. Many third parties, including insurance companies, create computerized records and share data base information. If you have any questions about how information is used or shared, please ask.

*SPECIAL CONSIDERATIONS*

If there are any special considerations or guidelines that are to be followed in our work, we will write them here, or everything else in this agreement/contract will be considered valid and applicable.

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*INFORMED CONSENT*

By signing this, I agree that treatment or evaluation needs to occur and I give my consent for the treatment or evaluation to proceed with Trusted Therapy, Inc. I have the right to have a copy of this agreement, and understand and agree to the terms as specified. If a Guardian, I am certifying that I have Medical and Mental Health decision-making responsibilities for my child.

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Signature of Client(s)                      Guardian                      Date

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*Trusted Therapy, Inc Agent*

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***ANIMAL ASSISTED THERAPY***

We frequently have a therapy dog (“Maggie”) who assists our clients in achieving their therapeutic goals. She is certified through Delta Society and American Humane Society as a therapy dog. She has been trained and evaluated through these agencies to perform animal assisted activities (AAA) and animal assisted therapy (AAT). AAT is a goal-directed intervention where the animal is the integral part of the treatment process. AAA includes activities that involve the animal. AAA/AAT will be used in conjunction with other therapeutic methods.

Although Maggie is well trained there are risks associated with participating in AAT/AAA. These include accidental injuries to you or your child(ren). These may include but are not limited to you/your child(ren) being scratched, bitten, or scared by Maggie. Every effort is made to ensure that you, your child(ren) are safe. In addition, Dr. McFarland works to ensure the safety of Maggie. You and / or your child(ren) will always be supervised with Maggie. If you have any questions about AAT/AAA, please ask. By signing this form I providing consent for myself / my child(ren) to participate in animal assisted therapy.

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Client’s Signature

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Guardian’s Signature

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