

## *Trusted Therapy*



### *Treatment Agreement & Policies*

Welcome to Trusted Therapy. I try to be available for phone calls and you can reach me at 303-709-5897. If I am unable to take your call, please leave a voice mail message and I will try to return your call within 24 hours. You may also email me at [tonya@trustedtherapy.com](mailto:tonya@trustedtherapy.com). I am not able to provide emergency services, if you have an emergency please go to your nearest emergency room. You may also reach out to Colorado Crisis Services at 1-844-493-8255.

The standard fee is \$180.00 per 45-50 minutes. Services provided at this rate are: therapeutic appointments, 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. Disability evaluations (for emotional support animals) or psychological evaluations for surgery (bariatric surgery) are charged at \$250 per 50-60 minute session.

Phone/Video Conferencing/Telehealth Sessions is available through Simple Practice, VSee, or Zoom. These video conferencing applications are HIPAA compliant. Charges for telehealth sessions are \$180 per 45-50 minutes appointments. You are agreeing to engage in telehealth services if you schedule a telehealth appointment.

Other services will be charged at \$500 per hour. 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.

### *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

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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.

### *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 (super bill) that you may submit to your insurance company if you wish to be reimbursed. We are not in-network with Medicaid or Medicare. If you have Medicaid we will refer you to a Medicaid provider. We do require a debit or credit card on file. If you have Medicare please note that I have opted out of Medicare and you will not be getting reimbursed by Medicare for your sessions. Please let us know if you would like to be referred to a provider who is in-network with Medicare.

### *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

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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 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.

## *Electronic Records*

Trusted Therapy may keep and store client information electronically on laptop computers and/or some mobile devices. Trusted Therapy may also use electronic backup systems either by using external hard drives, thumb drives, or similar methods, through a cloud-based services. The electronic records systems Trusted Therapy uses is called Simple Practice.

## *Animal Assisted Therapy*

Dr. McFarland has a dog who is working on becoming a registered therapy dog. Please let Dr. McFarland know if you would like “Rosie” to be part of your treatment. Please be aware that although Rosie is trained, accidents from scratching, allergies (she is low shedding), and bites can occur. You are consenting to allow Rosie to be part of your treatment.

## ***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. 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.

By signing this you have agreed to and understand practice policies and consent for treatment.

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Client	Guardian	Date
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