

**Elizabeth Warson, Ph.D., ATR-BC, LPC, NCC**  
**Healing Pathways, LLC: Arts-Informed Counseling & Consultation**  
Licensed Professional Counselor, Level I EMDR Practitioner  
1136 East Stuart Street, Building 2, Suite 2240  
Fort Collins, CO 80525  
(970) 222-4674  
HealingPathwaysLLC.com

### **Clinician-Patient Agreement and Financial Responsibility**

*Please read and sign two copies. Keep one for your records*

Stuart Professional Park is a business facility where a number of mental health professionals practice. Each therapist is an independent practitioner. The name Healing Pathways, LLC: Arts-Informed Counseling & Consultation is for the purpose of shared office expenses. Your contract for services is with Elizabeth Warson only and does not include a contract with any of the other therapists at this site.

#### **Appointments:**

- All office visits are by appointment and may be scheduled through your counselor directly.

#### **Cancellation Policy:**

- If you need to cancel an appointment, please call our office and leave a message at least 24-hours in advance.
- If 24-hour notice is not given, a full session fee may be charged and due by the next session.

#### **Provider Status**

- I am an in-network provider for Poudre School District's Employee Assistance Services (EAS).
- I am considered an out-of-network provider for most insurance companies and can provide you with a receipt with the proper procedural and diagnostic codes to submit to your insurance company. It is recommended that you contact your insurance company in advance to inquire about payment for out-of-network services.
- I am a vendor for a number of state and community-based programs such as Crime Victim Compensation through the District Attorney's Office, Colorado Division of Vocational Rehabilitation, and Connections and can provide you with their contact information to submit an application.

#### **Fees:**

- Individual, couples, and family therapy sessions are 60 minutes in length. If you are late for your session, our time may need to be shortened and you will

be charged the full session fee. The standard fee per session is \$95 and includes the use of art supplies.

- Group therapy sessions are 90 minutes in length. The standard fee per group session is \$50.
- Payment is due at the end of each session.
- For individuals who qualify, a sliding scale is available.
- If we agree to have an individual, couples, or family session lasting longer than 60 minutes, you will be responsible for paying the additional amount based on the regular session fee.
- Additionally, fees may be charged for other services such as consultation with other professionals, preparation of reports or correspondence, phone calls longer than 10 minutes, or missed appointments.
- Your health insurance may help you recover some of your counseling costs. Most group policies, but few individual policies cover outpatient psychotherapy. Please verify with your company the amounts of coverage for outpatient psychotherapy by licensed professionals. If your policy requires preauthorization to receive services, it is your responsibility and needs to be handled prior to your first visit.
- Clients paying on a cash basis, and not billing any insurance company are expected to pay in full at time of service unless a payment plan has been previously arranged.
- Except in the case of minors or when other arrangements are made, the person receiving the counseling service is financially liable.
- Accounts become delinquent after thirty (30) days. *Accounts 90 days in arrears will be terminated.*
- Any change in financial situation will be discussed with your therapist. In the event you find it necessary to change mental health providers and require records to be sent from Healing Pathways, LLC your account will need to be paid in full.

I have read, understand, and agree to the above policies. I have been offered a verbal explanation and a copy of these policies to take with me, if desired. I understand that a re-billing fee/financial charge complying with Colorado State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of Healing Pathways, LLC Privacy Policy.

**Client(s) Signature(s):** \_\_\_\_\_

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

**Therapist Signature:** \_\_\_\_\_

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