



Leslie McCleary, LCSW
Psychotherapist
Fertile Ground Integrated Wellness Center
1091 South Gaylord Street
Denver, CO 80209
Office: 303.248.3481
Direct: 720.236.9789

THERAPIST – CLIENT CONTRACT

Welcome to my practice! You are taking an important and valuable step towards healing, improved personal wellness and/or personal growth and change. Please take a moment to read and complete this document, which describes my professional therapeutic services and business policies. Once signed, it will serve as your agreement for personal treatment, so please discuss any questions or concerns you may have.

Therapeutic Services

My approach to therapy is goal-directed and solution-focused. This means that your sessions will be designed to help you overcome your current challenges/issues and reach your goals. Psychotherapy can have both risks and benefits. The therapeutic process may include discussions of your personal challenges/issues and can lead to uncomfortable feelings such as guilt, anger, sadness, loneliness or frustration. However, psychotherapy has been shown to have many benefits. It can lead to better interpersonal relationships, solutions to specific problems, reduction in feelings of distress, an increased capacity to manage your feelings and improvement in personal wellness. Therapy requires your active involvement, energy and effort on your part. I am committed to this process and will work hard for you, and I ask that you do the same.

Most psychotherapist-client relationships end when the client's goals are achieved. However, there could be circumstances in which you or I will end the relationship. You are free to terminate services at any time for any reason. I hope that you will discuss ending therapy rather than not returning without notice. If your plan is to end services before meeting your treatment goals, a final session can be scheduled to review your progress and discuss referrals that may be beneficial to you. I reserve the right to end our psychotherapist-client relationship based on violation of policies or procedures.

Colorado Mandated Disclosure Statement

Under CO statute, 12.43.214 (1)(d) CRS, I am required to tell you that you are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy (if known), and the fee structure. You may seek a second opinion from another therapist or may terminate therapy at any time. In a professional relationship, sexual intimacy is inappropriate and should be reported to the Colorado Department of Regulatory Agencies – Mental Health Licensing Section. Statute 12.43.214 (1)(d) CRS states that information provided by a client during therapy sessions is legally confidential in the case of licensed clinical social workers, except as provided in section 12.43.218 and except for certain legal exceptions which will be identified by the licensee should any such situation arise during therapy. Lastly, under statute 12.43.214 (1)(d) CRS, I am required to disclose my professional degree and credentials.

Leslie Anne McCleary, LCSW

Master's Degree in Social Work from Simmons College – Boston, MA / 2001

CO Licensed Clinical Social Worker (LCSW) – License Number: CSW-1790

The practice of both licensed and unlicensed psychotherapists is regulated by the Department of Regulatory Agencies under CRS 12.43.214 (1)(c). Questions or complaints may be addressed to:

Colorado Department of Regulatory Agencies
Mental Health Licensing Section
1560 Broadway, Suite 880
Denver, CO 80202
303.894.7766

Sessions

Individual sessions are one 50-minute session per week, or every other week at a specific time we agree upon. Group sessions are one 90-minute session per week at a set time each week. You can expect the first one or two sessions to be a period of evaluation of your needs and treatment/goal planning. We will also both decide whether I am the best psychotherapist to provide the services you need in order to meet your personal treatment goals. Once a session is scheduled, you are expected to pay for this session unless you provide 24 hours notice of cancellation unless we both agree that you were unable to attend due to circumstances beyond your control.

Contact Between Sessions

Please feel free to contact me via phone (303.248.3481) or e-mail (lesliemcclearylcsw@gmail.com). Due to the nature of my work, I am not often immediately available by phone. Please leave a detailed message (including your phone number) and I will respond to phone and e-mail messages within 24 hours, with the exception of weekends and holidays. In the event you are experiencing a true emergency, please go to your local emergency room and ask for the mental health clinician or psychiatrist on call. Should I be unavailable for an extended period of time, I will provide you with the name and contact information of a colleague in case you are in need of services.

Professional Fees, Billing & Payment

My session fee for individual therapy is \$100.00 per 50 minute session. My session fee for group therapy is \$40.00 per 90 minute session. Other professional services (included but not limited to report writing, phone conversations lasting longer than 15 minutes, consulting with other treatment providers) will be billed at my hourly rate and will be agreed upon before services are rendered. In proven circumstances of extreme financial hardship, I may be willing to negotiate a fee adjustment or create a payment installment plan.

Payment is expected at the time of service. I accept cash, check (payable to Leslie McCleary, LCSW) and credit cards (Master Card, Visa or Discover.) A service fee of \$25.00 will be charged for all returned checks. Should your account become 60 days past due and arrangements for payment have not been agreed upon, I have the right to use legal means (collection agency) to secure payment. In this event, I respect client's confidentiality and only release a client's name, the nature of the services provided and the dollar amount due.

At the present time I am not a contracted provider with insurance companies. Should you chose to submit your own claim, I will furnish you with all the information you may need. At this time, we will discuss what protected health information is required of your insurance company. Please keep in mind that once this information leaves

Confidentiality

Contents of all therapy sessions are confidential. Both verbal information and written records cannot be shared with another party without written consent of the client. There are a few noted exceptions, as mandated by law: concern for a child or elder's safety, a serious threat to a oneself or other party or in the event of a court ordered subpoena. Please note that insurance companies may require confidential information for claims processing. This information will become part of your insurance medical file over which I have no control. Further information regarding confidentiality and protected health information is available in your copy of Notice of Privacy Practices which you will receive prior to starting therapy.

Client Rights

As a client in my practice, you have the right to:

- Request and receive full information about my professional capabilities, professional license, education, training, experience, professional membership, specialization and limitations.
- Receive respectful treatment that will be helpful to you.
- A safe therapeutic environment.
- Ask questions about your therapy.
- Refuse to disclose information you chose not to reveal.
- Request and receive information from me regarding your progress.
- Know the limits of confidentiality and the circumstances in which I am legally required to disclose information.
- Know if there are supervisors, consultants or others who I will discuss your case.
- Report unethical or illegal behavior.
- Receive a second opinion at any time regarding your therapy or my therapy methods.
- Have a copy of your file transferred to any therapist or agency you choose.

Consent for Treatment

You, the client, authorize me, Leslie McCleary, LCSW, to carry out psychotherapy treatment and/or diagnostic procedures. You have been made aware of risks and benefits associated with psychotherapy, have been made aware of my education and professional credentials, the fees associated with individual and group therapy, confidentiality and your rights as a patient. You have been provided with answers to any questions or concerns you may have.

Your signature below indicates that you have read, understand and agree to participate in psychotherapy services provided by Leslie McCleary, LCSW in accordance with the above policies and procedures.

Print Name

Signature

Date

Leslie McCleary, LCSW

Date