

**Lori A. Mateer, M.A., L.P.C.**  
**8321 Sangre De Cristo Suite 200**  
**Littleton, CO 80127**  
**303-868-6828**

### **Client Services Contract**

Welcome to my practice. I look forward to working with you. This is a brief explanation of some of my practice and policies. Please ask to discuss anything that is unclear to you, or about which you have any concerns.

#### **Sessions**

A therapy hour is usually 50 minutes at a time we agree on. Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation, unless we both agree that you were unable to attend due to circumstances beyond your control.

#### **Professional Fees**

My counseling sessions are \$150.00 for 50 minutes and \$175.00 for 60 minutes. In addition to weekly appointments, I charge this amount for other professional services you may need, although I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, meetings or consultation with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me.

#### **Billing and Payments**

You will be expected to pay for each session at the time it is help, unless we agree otherwise prior to the session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment.

#### **Insurance Reimbursement**

At this time I do not file for insurance. You are responsible for full payment of my fees. You may request an itemized bill to submit to insurance.

#### **Contacting Me**

You may phone at 303.868.6828 at any time. If I am available I will answer. I am often not immediately available by telephone. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return you call on the same day you make it, with the exception of Friday afternoon to Monday morning, holiday or when I am out of town. If you are hard to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you cannot wait for me to return your call, contact you family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

#### **Confidentiality**

I take the privacy of your health information seriously. In order to protect your privacy in the unlikely event that we run into each other outside the office environment, it will be your choice whether to come over to me or not. I will not say "hello" or acknowledge that I know you unless you do so first. If you and/or I are accompanied by someone else it will be your choice and responsibility whether to make introductions and how they are made.

**Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.**

Client Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_