



Licensed Professional Counselor #1315  
3035 47<sup>th</sup> Street, Suite C1  
Boulder, Colorado 80301  
(303) 245-8575

## DISCLOSURE AND PRACTICE POLICIES STATEMENT

### **Therapist's Professional Information**

I received my Doctoral degree in Counseling Psychology/Counselor Education from the University of Virginia in 1995 with study emphases in the areas of Clinical Psychology and Human Development. In 1982 I received my Master's degree in Counseling from Syracuse University. I have received specialized training in the areas of trauma treatment and EMDR (Eye Movement Desensitization and Reprocessing), a specific modality for treating trauma reactions. I have been a Licensed Professional Counselor (#1315) in the State of Colorado since 1995.

The Colorado Department of Regulatory Agencies has the responsibility for regulating my practices. The specific agency with the responsibility for licensed and unlicensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite 1340, Denver, CO 80202, 303-894-7766.

### **Client Information**

At any time you may ask about my methods of therapy, the techniques I use, and the anticipated duration of your therapy. You may always seek a second opinion from another therapist or terminate therapy at any time. Also, if I feel that I am unable to assist you adequately, I reserve the right to suggest a referral option and terminate therapy. In a professional relationship, sexual intimacy between a therapist and a client is never appropriate. If this occurs, it should be reported to the State Grievance Board.

Information provided by and to a client during therapy sessions is legally confidential and cannot be disclosed without your consent. You should know, however, that it is the law and my policy only to accept clients who waive confidentiality under the following circumstances:

- If there is suspicion of child or elder abuse or neglect, past or present,
- if I determine that you are a danger to yourself or to others,
- if you provide written consent to release information, or
- if a court of law issues a legitimate subpoena or if you are involved in criminal proceedings.

### **Policies\***

#### FEES

My fee for services is \$125.00 per fifty-minute session for individuals and \$135.00 per 50-minute session for couples. My fee for eighty-minute sessions is \$165.00 for individuals and \$185.00 for couples. Unless other arrangements have been made, you are responsible for full payment at the time of each session.

INSURANCE COVERAGE

If you would like to use insurance coverage, I request that you pay me in full at the time of your sessions and I will supply you with a monthly statement that you may submit to your insurance company for reimbursement. You are responsible for determining if my services are covered under your particular insurance plan.

TELEPHONE CALLS/TELEPHONE SESSIONS/DOCUMENT DEVELOPMENT AND REVIEW/  
E-MAIL CORRESPONDENCE

If you have a need to speak with me between sessions, I will be very glad to return your calls. I do not carry a pager but I check my messages frequently and usually return calls within a few hours. It's important for you to note that unless other arrangements have been made, I charge for telephone conversations lasting longer than 10 minutes.

On occasion, if meeting in person is not possible, I will be happy to arrange a 50-minute telephone session with you. My fee for phone sessions is the same as my regular fee.

I am happy to respond to your request to complete documents on your behalf (for example, court-ordered documentation) or review documents that you have completed (such as resumes, application materials, letters). Please note that should I either develop or review documents outside of our normal session time, I charge my regular hourly fee for my time. In addition, should you make arrangements to communicate with me via e-mail, I will charge for my reading and response time; again, I charge my regular fee which will accrue in 15-minute increments.

CANCELLATIONS

When we arrange a session, I am dedicating that time to you. Therefore, if you cancel with less than 24 hours notice, or fail to show for your appointment, I will charge you my full fee. In matters of genuine emergency, please inform me as soon as possible, and I am open to discussing the situation. In all cases, I will be happy to accommodate you if there is another appointment time that works for you.

\*Additions or exceptions to these policies will be indicated below.

If you have any questions at any time or would like additional information, please don't hesitate to ask.

**"I have read the preceding information, understand my rights as a client, and agree to participate in treatment."**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Suzanne A. Holmes, Ed.D., LPC

\_\_\_\_\_  
Date

\*The following are exceptions to the above policies: \_\_\_\_\_

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