

## **Renee Madison, M.A., LPC, CSAT**

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8771 Wolff Ct., Suite 210  
Westminster, CO 80031  
(303) 257-7623

19 Old Town Square, Suite 238  
Fort Collins, CO 80524  
(970) 324-6928

### **PRACTICE POLICIES**

When you decide to start therapy you are investing in yourself. Good information about your prospective therapist will help you decide which therapist is right for you. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy (if I can determine it), and my fee structure. This statement contains some of that information. If you have any additional questions, concerns or suggestions regarding any aspect of my practice or my credentials, please discuss them with me. I will gladly answer your questions. And I welcome your comments.

Psychotherapy is an active and creative process between therapist and client. I want to hear from you how therapy is proceeding, your questions about methods, and your feedback about what is helping and what is not. By so doing, we can tailor your therapy plan to meet your needs and goals.

#### **Training, Experience, and Credentials**

After completing my B.S. at Regis College I did my graduate work at Denver Seminary in Denver, Colorado. In 2003 I received my Masters of Arts degree in Counseling Licensure.

I joined the Intimacy Center in November 2003 which includes dealing with a broad spectrum of presenting problems but specializing in the areas of sexual addiction, sexual abuse, and marital functions.

#### **Fee Information**

My fee is \$110.00 per session. My standard session is 50 minutes. My fee for longer/shorter sessions is pro-rated from this basic charge. I typically raise my fees at the beginning of each year and I will notify you ahead of time before an increase. I request payment in cash, credit card or by check the time service is rendered. Please fill out your check to *The Intimacy Center* before the session so that we can make full therapeutic use of your session time. If

you have insurance coverage for psychological services, you will need to check with your carrier on how to file a claim. Upon your request I will furnish you with an Attending Provider Statement at the time of your session that will assist you with the filing for reimbursement. As I charge for all of my professional time, should you request that I fill out additional documentation for your insurance company we may either do that during a session or I can bill you on a pro-rated basis. Payments may be deductible as medical expenses on your income tax return. For some who are self-employed, psychotherapy is an allowable business expense. Please consult your tax advisor for guidance.

### **Cancellations**

If you are unable to keep an appointment, please notify me immediately. If you miss or cancel an appointment without 24 hours prior notice to your scheduled appointment you will be billed for the session with the following exception. This exception is that if you must cancel a session within 24 hours of your appointment time, I will allow you to reschedule that session to another opening of mine within 48 hours of the original time.

### **Office Hours**

My office hours are:

- Monday: 9:00 a.m. – 2:00 p.m., Denver office
- Tuesday: 9:00 a.m. - 6:00 p.m., Fort Collins office
- Wednesday: 9:00 a.m. – 9:00 p.m., Denver office
- Thursday: 9:00 a.m. – 9:00 p.m., Denver office
- Friday: 9:00 a.m. - 2:00 p.m., Fort Collins office

### **Telephone Calls**

When you call my offices 303-257-7623 or 970-324-6928 and I am either away from the office or with a client the call will be transferred to voice mail. Please leave times that I can reach you by telephone. I retrieve voice mail messages regularly during office hours and in the evening on Sunday to receive any cancellation calls for Monday sessions. I will return phone calls during business hours as soon as I am able, almost always within 24 hours. In a clinical emergency you can call me on my cell phone at 303-257-7623.

I do not charge for brief conversations. However, any discussion that goes beyond five

minutes will be billed to you on a pro-rated basis.

### **Limits of Practice**

I have limited my practice to clients who are not in need of 24-hour care. I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside my scope of practice, I am legally required to refer, terminate or consult. If you are having a true emergency, please call 911 or check yourself into the nearest hospital emergency room.

You may end treatment at any time, and you may seek a second opinion if you wish to do so. While you may end treatment at any time, I request that you have at least one final face-to-face termination session with me rather than termination by telephone or mail. This final session allows adequate time to finish the therapeutic process.

### **Grievance Board**

As an Licensed Professional Counselor, the Department of Regulatory Agencies has the general responsibility of regulating my practice. The agency within the Department that has responsibility specifically for licensed psychotherapists is the State Grievance Board, 1560 Broadway, Suite #1370, Denver, CO 80202, (303) 894-7766.

The LPC Board should be contacted if you have any concern or complaints about me or any other licensed or unlicensed mental health practitioner. For example, in a professional relationship (such as ours), sexual intimacy between a therapist and a client is never appropriate.

### **Confidentiality**

The trust needed in our therapeutic relationship requires that you be assured of confidentiality. Generally speaking, the information provided by and to a client during therapy sessions with a licensed counselor is legally confidential. If the information is legally confidential, the therapist cannot be forced to disclose the information without the client's consent.

