

**CONFIDENTIALITY**

Generally, our work together is confidential. However, there are some exceptions to the confidentiality agreement which are listed in Colorado Statutes (CRS 12-43-218). Some examples of exceptions are: posing a danger to yourself or others, perceived or stated child abuse, and being court ordered to receive treatment. Provisions concerning disclosure of confidential communication shall not apply to any delinquency of criminal proceedings, except as provided in section 13-90-107 CRS. There are exceptions that I will identify to you as the situations arise during therapy.

Therapy involves risk but can be quite beneficial as well. Often, through treatment, clients may feel that things are getting worse before they get better but this situation usually comes from releasing emotional content that has been covered. Through hard work in and outside of therapy, clients usually make the changes in their lives that they are hoping for but there are no guarantees. I assure the use of my expertise and together we will endeavor to achieve the best possible results for you.

By your signature below, you are indicating that you have read the preceding information, understand your rights as a client and agree to participate in therapy under these conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

**FINANCIAL AGREEMENT**

I, \_\_\_\_\_, agree to the financial obligation of \$140 per 50 minute session rendered. The fee for each session will be due on and must be paid for at the time of the session. Cash, personal checks or credit cards are acceptable for payment. If for any reason I cannot attend a scheduled session, I agree to notify Deborah B. Knoll by phone at least 24 hours in advance. If I fail to provide this notification, I agree to pay a “no show” fee equivalent to \$140.00. “No show” fees will be charged at the time of the scheduled session.

**Insurance:** If you are using out of network benefits, the full fee must be rendered by you, the client, and reimbursed by the insurance company to you.

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

\_\_\_\_\_  
Date