
Office Policies

Lauren Hassan, LLC
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Boulder, CO 80302
Phone: 720-938-7118
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Fees and Payment:

The billing rate for individual therapy is \$100.00 per 50-minute session or for any service of the traditional therapeutic hour (e.g., court appearances, legal consultation). Payment may be made by check, cash or credit card. Checks should be made payable to Lauren Hassan, LLC. Charges for services include office appointments and phone communications that involve work of the therapeutic nature. If we decide in advance that sessions either longer or shorter than those described above are appropriate, fees will be prorated accordingly.

- **Cancellation Policy:** Missed appointments for individual or family therapy will result in a charge of \$100.00 per session **unless** you cancel at least 24 hours before the scheduled appointment. The time is reserved for you and cannot be used for other purposes unless sufficient notice is provided. If you are late for an appointment, the session will end at the regular time and you will be charged for the full session.
- **Unpaid Accounts:** Any payment not made within thirty days of when due shall accrue interest at a rate of two percent per month until paid in full. We reserve the right to use a collection agency to collect fees that are more than 120 days past due unless we have an agreed upon alternative payment plan.

Out of Session Communication:

I can be reached at 720-938-7118. If I cannot answer your call, please leave a message on my confidential voicemail. This is a cell phone service and I will only answer it when I am in a private and professional setting. I check messages regularly and will return your call within 24 hours unless it is a weekend or holiday, in which case I will return your call on the first business day thereafter. You may also e-mail me; however, I will only use email for non-therapeutic issues, such as scheduling. I will NOT provide clinical guidance or treatment recommendations over e-mail. Please note that e-mail is NOT a confidential means of communication. By e-mailing me you assume the risk that your confidentiality may not be upheld.

Emergencies:

I can be reached at 720-938-7118. If I cannot answer your call, I check voicemails regularly and will return your call as soon as possible.

However, as a solo practitioner, I do not have the resources to provide 24-hour or emergency therapy services. If the need for such services is anticipated, some consideration should be given to seeking services from an agency that can provide more comprehensive care.

If an emergency should arise (i.e. some form of loss of control that may imperil the health or safety of yourself or another) please dial 911 or go to the nearest emergency room for emergency services.

Boulder County Resources:

- Boulder Community Hospital: 303. 440. 2037 (adolescents and adults)
- Emergency Psychiatric Services (EPS): 303.447.1667 or 303. 678.6200 (adults)
- Child Crisis: 303.413.6388 (children)

- Longmont United Hospital 303. 651. 5150 (adolescents and adults)
- Centennial Peaks Hospital: 1. 800. 842. 4673 (adolescents, adults and children)
- Boulder County Safe House: 303. 444. 2424

Vacation Coverage:

If I am out of town or unavailable for an extended period of time, I will arrange for a colleague to be available in case of emergency. A name and number will be made available on my voicemail for this purpose. Please note that if you speak to another colleague, you are consenting to a release of information to this colleague the clinical information that is relevant to your care.

Litigation/Court Proceedings:

If you are in a divorce or custody litigation, or involved in the court system in any other manner, you need to understand that my role as a therapist is not to make recommendations for the court concerning custody or parenting issues, or to testify in court concerning opinions on issues involved in the litigation. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans.

Feedback:

Your input in your treatment is invaluable. I welcome feedback about what does or does not work for you during our sessions and about anything that may cause you distress or make you feel uncomfortable about the therapeutic process. You are encouraged to ask any questions you may have about the rationale behind our work together, any of my policies, your bill, or any other concerns that may arise.

By signing below, you are indicating that you have read the preceding information, have had an opportunity to ask questions, and understand my general office policies and your rights as a client and agree to all of the above.

Client:

Print Client's name

Client's or Responsible Party's Signature

Date

If signed by Responsible Party, please state relationship to client and authority to consent:

Lauren Hassan LLC:

Lauren Hassan, LSW, its Manager

Date