

Cassidy Erickson, LMFT

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Payment and Communications Agreement

Therapy sessions typically last approximately 50 minutes. The fee is \$100 per clinical hour, to be paid at the time services are provided. Acceptable forms of payment are credit card, cash or check. Any time spent in therapy beyond the standard clinical hour will be billed accordingly.

Any client who pays by check with non-sufficient funds will be charged a fee of \$50.00. You may also be asked to use an alternate form of payment for any subsequent therapy sessions.

A 30-day notice of any fee changes will be provided to current clients.

If you must cancel a scheduled appointment, it is your responsibility to call at least 24 hours in advance. A \$50 fee will be charged if you do not show up for a session or if you cancel late. This fee will be due prior to your next appointment. If you miss an appointment without rescheduling, your time slot will be opened up to other clients.

If I see you in public, I will not acknowledge that I know you unless you initiate contact. In order to protect your privacy, I will not acknowledge that I am your therapist unless you do so first. If you refer other clients to me, or if I'm aware that you know other clients of mine, I will do my best to separate your scheduled sessions so you do not run into one another at my office, although I cannot guarantee this.

If a client requests written letters or reports, requires therapy services over the phone, or requests extensive collaboration with other professionals, these services will be charged according to the fee structure.

Please reserve text messaging for scheduling purposes only, as I will not provide any therapeutic services over text. Feel free to email me between sessions with the understanding that I may not address the content of the email until the next session.

Please also understand that transmitting confidential information through non-secured ways (such as phone, email, or text) carries the risk of an unintentional breach in confidentiality. Although I take steps to secure your information on my devices (phone and computer), I am not responsible for any unintentional breach in confidentiality due to the use of non-secured forms of communication.

I make every effort to return voicemails as soon as possible. However, please understand that I keep non-traditional business hours and am not always on-call. If you are experiencing a clinical emergency and cannot reach me, please use alternative resources - including calling 911 if necessary.

By signing below, client indicates acceptance and understanding of this agreement.

Signature of Client/Responsible Party

Date

Therapist Signature

Date