

**LEONA FURNARI, L.C.S.W.**  
**Licensed Clinical Social Worker**  
1137 Pearl Street, Suite #208  
Boulder, Colorado 80302  
303-444-0992

## **Therapy Policies and Contract**

I encourage you to be an active partner with me in your psychotherapy. Please bring up any questions or concerns about your treatment so that we can work together effectively. You may seek a second opinion if you wish and you may end treatment at any time.

### **FINANCIAL AGREEMENT**

My fees are \$105.00 for a 50-minute session and \$135.00 for a 75-minute session. Payment is to be made at the beginning of each session. In order to keep fees down I do not bill on a monthly basis.

At this time I am in-network for a limited number of insurance companies. If I am in-network for your insurance company, I will submit the paperwork for reimbursement for your treatment. I will collect any co-pays that you have at each session. If for any reason your insurance company does not pay, you are responsible for full payment.

I do not generally charge for occasional, brief phone contacts between sessions with you, or with other professionals on your behalf. If such contacts become frequent or extended I will charge a pro-rated fee based on my regular rates. I will discuss this with you in advance. I charge my usual fee (pro-rated) for other professional services I may provide to you. These services include (though are not limited to) report writing, attendance at meetings with other professionals you have authorized, preparation of record or treatment summaries.

### **CANCELLATION**

Please notify me by telephone (303-444-0992) at least 24 hours in advance if you need to cancel or reschedule an appointment. Without such notice I will charge your regular session fee for the missed appointment. I do not accept text or e-mail cancellations at this time.

### **OTHER IMPORTANT INFORMATION**

1. During my vacations or absences from my practice, I will designate a backup therapist(s) to cover urgent matters. Generally, I will tell this therapist only what he or she needs to know for an emergency. You will be responsible to pay this therapist her or his stated fee.
2. I may seek consultation from another mental health professional. However, your identity will not be revealed without your consent, and your privacy will be protected by that professional.

**Therapy Policies and Contract (continued)**

