

Welcome from Dr. Burlingame-Lee, Ph.D.

Thank you for choosing to work with me for treatment of your behavioral and emotional health needs. My practice is to help you improve the quality of your life and level of functioning. In order to accomplish this goal, it is very important that you work with me and follow the treatment plan we develop together.

My goal is to provide the highest level of care to you in a caring and cost effective manner. In order to do this, it is important to me that you are aware of the guidelines for my practice and adhere to the office policies described below.

Office Policies:

When you schedule an appointment (initial or otherwise) you must provide complete and accurate contact and demographic information. If you have insurance, please bring your card and be prepared to fill out information regarding your policy and group ID numbers. All co-payments must be paid at the time of the appointment! All clients will be seen in accordance with their scheduled appointment times, unless other arrangements have been made with me. Please try to arrive a few minutes early in order to fill out paperwork (usually 20-30 minutes early), use the restroom or other activities.

Late cancellations and “no-shows” are an extreme loss for me. There will be a \$60 cancellation fee for all cancellations not made 24 hours in advance or for ALL “late-cancels” and “no-shows”! If you consistently fail to show up for your appointment (“no-show”), or are consistently very late for your appointments (e.g. 15-20 minutes late), or consistently cancel your appointments late, these will be reasons for dismissal from my practice. This policy will be implemented automatically; if there are extenuating circumstances, please talk to me and I will determine if the fee may be waived.

In consideration of treatment by Dr. Burlingame-Lee, I understand and agree to the following. Please read and initial each item:

_____ 1) That the preceding information is correct to the best of my knowledge.

_____ 2) That I recognize Dr. Burlingame-Lee is a licensed psychologist in the State of Colorado. Her license # is: PSY0004098

_____ 3) That I am responsible for all fees relative to the professional services rendered under this agreement, and that this may include me, my family, or other individuals *that I authorize*, and that this agreement as it relates to my financial responsibility extends to all past, present and future services rendered by Dr. Burlingame-Lee, Ph.D. to me, my family, or other individuals *I may have authorized*.

_____ 4) I recognize that insurance is a contract between the client and the insurance company, and I agree that I will pay all charges under this agreement between me and Dr. Burlingame-Lee regardless of my insurance coverage. I may terminate my responsibility under this agreement by paying my account in full and giving written notice to Dr. Burlingame-Lee.

_____ 5) That full fees are \$120 per fifty minute session, and that a sliding scale is available depending on income. Any agreed-upon sliding scale fee will supersede the full fee. That if I do not cancel a session within the 24-hour time period or “no-show” my appointment, I will pay the \$60 fee as described above.

_____ 6) That all returned checks will incur an additional \$35 dollar fee.

_____ 7) That Dr. Burlingame-Lee does not at this time accept insurance, and that I will be provided a superbill describing the services rendered as well as the charge for those services upon my request. This superbill may be submitted to my insurance for reimbursement.

_____ 8) That I will pay all sums that are due and payable at the time of service. No oral agreements have been made and this agreement cannot be modified orally.

_____ 9) That I agree to pay interest at the rate of 15% annually on all balances over 30 days from the original due date, plus any court costs and reasonable attorney’s fees, with or without suit, incurred in collecting any past due balance, and a collection fee equal to 50% of the outstanding balance. I also agree to pay any fees due to a collections agency that are incurred in obtaining payment.

_____ 10) That a \$300 per hour of service fee is charged for expert witness testimony for Dr. Burlingame-Lee, if she goes to court on your behalf.

_____ 11) That fees for auxiliary services are pro-rated and charged at the normal hourly rate or the agreed upon fee for service (see #3, above). This includes (but is not limited to) written reports, professional letters, phone calls exceeding 10 minutes, court appearances (see #9, above), and home and/or school meetings (including travel time.) Professional Presentations will be charged separately. Court appearances will be charged at a minimum fee of 1 hour. Travel time and expense for home, school, hospital or other professional service visits will be charged at a minimum fee of \$60 (30 minutes) each way.

_____ 12) That there is a free 15-20 minute consultation via phone available for first-time clients. If you choose to continue working with Dr. Burlingame-Lee, an initial interview that assesses problems and history more in depth will be conducted at the normal hourly rate or the agreed upon fee.

_____ 13) That Dr. Burlingame-Lee is not on panels for any insurance companies at this time. If your insurance does not reimburse as anticipated, you acknowledge that it is your responsibility to address the issue with your insurance provider.

_____ 14) Phone calls: I acknowledge that Dr. Burlingame-Lee attempts to be available to me via phone in *crisis situations*. I acknowledge that she will not answer her phone while she in therapy sessions or other out-of work hours, and that I can leave a confidential message on her voicemail. I acknowledge that non-crisis phone calls will be charged at a pro-rated amount based on the duration of the call, if there is not a crisis. I acknowledge that she may not be able to return my call right away. I acknowledge and understand that abuse of the phone call privilege (as defined by Dr. Burlingame-Lee) may result in losing that privilege. Phone calls lasting over 10 minutes are assessed at:

10-20 minutes: \$30.00
21-30 minutes: \$60.00
31-40 minutes: \$90.00
Greater than 40 minutes: \$120

_____ 15) Text messages: I acknowledge that Dr. Burlingame-Lee will accept text message related to appointment times, cancellations, or scheduling issues. I also acknowledge that she has advised me *not* to send text messages containing sensitive or private material, or concerning clinical issues. I realize that text messaging may not be confidential, and I agree to use it only for the purposes described above.

_____ 16) Email: I acknowledge that Dr. Burlingame-Lee has an email address available to me. I also acknowledge and understand that email is not a secure method of communication, and that I may be at risk if I send sensitive or private information via email. I acknowledge that Dr. Burlingame-Lee has advised me to use this email *only* for purposes of scheduling/cancelling/rescheduling appointments or other informational purposes. I also acknowledge that that Dr. Burlingame-Lee has informed me that replies to email messages may not happen immediately. Abuse of the email privilege (as defined by Dr. Burlingame-Lee) will result in losing that privilege. Because answering email messages incurs a time cost, Dr. Burlingame-Lee will charge a fee according to the charges listed for phone calls for reading and responding to emails lasting longer than 10 minutes:

10-20 minutes: \$30.00
21-30 minutes: \$60.00
31-40 minutes: \$90.00
Greater than 40 minutes: \$120

_____ 17) That I agree to abide by the policies given to me by Dr. Burlingame-Lee regarding charges, outside of session contact, and emergency/crisis situations.

_____ 18) Emergency situations: I acknowledge and agree to call for help in crisis situations. I may call Dr. Burlingame-Lee, but acknowledge that she may not be able to speak with me at that time. If I am in an emergency or crisis situation, I will call 911 and/or go to the local emergency room for further help.

_____ 19) Any questions, concerns, or complaints regarding the practice of psychology or psychological services may be directed to:

State of Colorado Board of Psychologist Examiners
1560 Broadway, Suite 1340
Denver, CO 80202
(303) 894-7766

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The agency listed above can provide you with the appropriate contact information at your request.

_____ 20) That I have received a copy of Dr. Burlingame-Lee's Notice of Privacy Rights, where confidentiality and privacy with regard to records and information is explained. I also acknowledge that I have received the State Law Disclosures, as contained in the Notice of Privacy Rights.

I agree that I understand and will abide by the office policies as written in this notice. I understand that Dr. Burlingame-Lee will not be held liable should I choose to not abide by the policies detailed in this agreement.

Client Signature

Date

Parent/Guardian Signature (if necessary)

Date