

LeBauer Counseling

Matthew LeBauer, LCSW, LLC
4500 E. 9th Ave.
Ste. 660
Denver, CO 80220

www.LeBauerCounseling.com
info@matthewlebauer.com
720-468-0676
CO License: CSW 1518

Disclosure Statement

Service Provider

Matthew LeBauer – *Licensed Clinical Social Worker* – Colorado License: CSW 1518

Education & Degrees

Master in Social Work, New York University, 2007
Bachelor of Arts, Spanish & Latin American Studies, Duke University, 2002

Department of Regulatory Agencies

The practice of psychotherapy is regulated by the Colorado State Department of Regulatory Agencies (DORA). DORA can be found online at www.dora.state.co.us. You can contact DORA with questions or concerns at the following address and phone number:

1560 Broadway, Suite 1350
Denver, CO 80202
303.894.7766

Client Rights

You are entitled to information regarding my fees, methods of treatment, techniques, and the likely duration of treatment. You have the right to obtain a second opinion from another therapist, and can terminate treatment at any time.

Information disclosed to and by the client during treatment is confidential. The therapist cannot be forced to disclose the information without the client's consent. Nor can this information be disclosed in any court of competent jurisdiction in the State of Colorado without the client's consent.

There are some legal exceptions. These include, but are not limited to circumstances in which a client is an imminent danger to self or others, or there is suspicion of child abuse or neglect. The Colorado Revised Statute 12-43-1218 provides a list of exceptions to a client's legal confidentiality. You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in C.R.S. 13-90-107.

Sexual intimacy between a client and therapist is never appropriate and should be reported to the governing board immediately.

To promote treatment progress, psychotherapists regularly participate in professional consultation. Consistent with patients' rights, these consultations are conducted with regard to client confidentiality.

Please remember that communications by phone or email and outside of my office will be regarded as confidential. At the same time, I cannot guarantee their confidentiality.

If your treatment is mandated and a report will be required of me at the end of treatment, please advise me in our first session so we can address this appropriately. By signing below, you release me from any role in legal proceedings except where mandated by a court. Please consult your lawyer about these details.

Fee Structure & Financial Agreement

My fee is **\$80 per 50-minute session**. On weekends, my fee is \$120 for a 60-minute session. Longer sessions will be pro-rated to 10-minute increments, e.g. \$150 for 90 minutes.

While occasional phone calls are predictable, especially in scheduling, phone conversations lasting more than 10 minutes will be pro-rated at my standard fee. If you request a report, letter or consultation with an outside party, you will be billed for any time necessary to prepare documentation, or to conduct an in-person or phone consultation. My rate is subject to change – I will give you advanced notice of any changes.

Payment is expected by the end of each session. I currently accept cash, checks and credit cards. Checks that are returned will be assessed a **\$30.00 returned check fee** to cover bank costs. Any outstanding balance of more than one month will be charged to the client’s credit card on file. If the credit card does not work, delinquent accounts may be sent to collections.

Late Arrivals/Cancelled/Missed Appointments

I can schedule sessions in person, by phone or email. A scheduled appointment means that time is reserved only for you. Late arrivals will be accommodated based on availability. If you arrive late and I have another session after yours, you will be charged the full fee for the shortened session. If you must cancel an appointment, please do so more than 24 hours ahead. If an appointment is missed or cancelled with less than **twenty-four hours notice**, you will be billed the full amount of the session.

Independent Practitioner

As an independent practitioner, I am not legally or professionally affiliated with any other mental health professional. While my colleagues and I in this office do share a waiting room and administrative services, we do not operate as a group practice nor share treatment responsibilities.

Duration of Treatment

The length of your treatment will depend on a number of factors such as the intensity of your difficulties, the duration of your problem (those that stem from childhood generally take longer to remedy), and how much time you put into your therapeutic growth between sessions.

Additional Information

A psychotherapeutic relationship is maintained in a professional setting. Any relationship outside of the office is prohibited.

Matthew LeBauer, LCSW practices verbal psychotherapy based in a psychodynamic approach informed by conflict resolution and communication skills training. If either party feels the client may be better served by another clinician, Matthew LeBauer, LCSW will make an informed referral.

Consent for Treatment

I voluntarily consent to mental health treatment with Matthew LeBauer, LCSW, LLC.

As the client, I (or parent/guardian) understand that I have the right not to sign this form. My signature below indicates that I have read this agreement and asked for necessary explanation. My signature does not waive any of my rights. I understand I can discuss any concerns I have about therapy at anytime during treatment.

I understand that I have the right to withdraw my consent to therapy at any time, for any reason and exercise my right to seek a second opinion at any time. I understand that no specific promises have been made to me by this therapist about the results of treatment or the number of sessions necessary for therapy to be effective.

I have read this disclosure in full, understand and agree to Matthew LeBauer, LCSW’s practices and policies.

Printed Name of Client (or Legal Guardian)

Signature of Client (or Legal Guardian) Date

Matthew LeBauer, LCSW, LLC, Treating Clinician Date

LeBauer Counseling

Matthew LeBauer, LCSW, LLC
4500 E. 9th Ave.
Ste. 660
Denver, CO 80220

www.LeBauerCounseling.com
info@matthewlebauer.com
720-468-0676
CO License: CSW 1518

I have been offered a copy of the health insurance portability and accountability act HIPAA Privacy rule and I understand my rights as a client.

Client Signature (parent or guardian for minors)

Date

Confidentiality & Communication Preferences

Please specify your preferences with regard to communications initiated by Matthew LeBauer, LCSW and/or the Administrative Assistants, Janet and Teresa.

Contact Preferences			
Please provide the following information:	Priority Order	Ok to call or write?	Ok to leave message?
Home:		Yes/No	Yes/No
Cell:		Yes/No	Yes/No
Office:		Yes/No	Yes/No
Email:		Yes/No	Yes/No