

Contemporary Counseling

1030 Johnson Road Suite 324
Golden, CO 80401

Informed Consent for Counseling

I hereby consent to enter into a counseling agreement with Gladys Day. I understand that I have the right to refuse suggestions, and the right to terminate at any time.

- A. I accept responsibility for payment or co-pay at each appointment.
- B. After school and work hours are in high demand. We reluctantly charge \$40.00 for missed appointments. (Insurance companies will not pay for them).
- C. 24 hour cancellations are requested to avoid late fees. Emergencies are recognized.
- D. I have been provided with a Notice of Privacy Practices (HIPAA) explanation.
- E. The office is open regular business hours as well as evenings and some weekends.

Date

Signature

Print Name

Parent (if necessary)

Gladys Day, M.Ed., LPC
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ContemporaryCounseling.org