*HEATHER LEAVESLEY, M.A., M.A., IFSCP – 720-363-5538*

PERSONAL AND PROFESSIONAL DEVELOPMENT COACHING AND PSYCHOTHERAPY

CLIENT AGREEMENT for the SAFE AND SOUND PROTOCOL (SSP)

SERVICES

* My services include administering the Safe and Sound Protocol (SSP) program in support of psychotherapy with another practitioner. Administering the SSP is intended to reduce levels of nervous system dysregulation and sensitivities to enhance therapeutic work.
* I offer consultation with other practitioners related to SSP sessions and outcomes with the appropriate signed Releases.

CONFIDENTIALITY

* Because our work together is founded on trust, I will keep all client conversations and information private and confidential. However, since our work is not strictly psychotherapy, client confidentiality may not be protected by law.
* I will follow the standards of confidentiality that apply to the practice of psychotherapy including the exceptions to confidentiality that are documented in my Disclosure Statement and Privacy Practices provided to you.

APPOINTMENTS AND FEES

* Sessions will be scheduled jointly based on client and therapist availability.
* Sessions are typically 50 minutes and the full fee is $160.
* Initial sessions, especially for assessment and assessment read-outs may be longer and the fee will be prorated based on our full fee agreement.
* If sessions are missed or canceled/rescheduled with less than 24 hours notice, you will be charged for a full session.
* Payment is due at the beginning of each session.
* Email and phone communications may occur between sessions as necessary and there will be no fee if limited to under 10 minutes in duration. Those that exceed 10 minutes will incur an additional fee prorated based on our full fee agreement.
* I accept cash, checks, credit cards or PayPal.
* I may periodically raise my fees. If you're an existing client in treatment, I will give you 20 days advance notice.
* A $30 fee will be charged for every instance a check is returned for insufficient funds.
* No new sessions will be scheduled until outstanding invoices are fully paid or arrangements have been made.
* Any costs incurred in collections on your account are your responsibility.

This agreement is between:

Signature of Client Date

Signature of Therapist Date