



Treatment Agreement

- Welcome, and I'm so glad you are making this investment for yourself or your family member!
- Please be open and ask questions about the therapeutic process and types of therapies used. I encourage you to offer honest feedback as needed in order for me to best serve you. Nurturing the therapeutic relationship with each of my individual clients is at the core from which all other interventions are applied. I will list some of the empirically-based therapeutic modalities I have been trained in and may incorporate the following modalities into our sessions, depending on your needs:
 - Eye Movement Desensitization Reprocessing (EMDR)
 - Acceptance and Commitment Therapy (ACT)
 - Cognitive Behavioral Therapy (CBT)
 - Dialectical Behavioral Therapy (DBT)
 - Mindfulness / Meditation
 - Psycho-somatic psychotherapy approach
 - Humanistic / Person- Centered Approach
 - Solution-Focused / Brief Therapy
- Please arrive on time for your appointment. If you are late, I am still happy to see you, although your session will end at the usual time and you will be charged the normal hourly rate. I do plan on a fifty-minute hour in order to have time to prepare for my next client. (ie. If your appointment begins at 6:00pm, your session will end at 6:50pm. If you show up at 6:30, I will still see you until 6:50pm).
- Please give me a minimum of 48-hour advanced notice if you need to cancel so that we can offer mutual respect for our time and so I can accommodate other clients in your slot if needed. If you cancel within 48 hours or no show for your appointment, you will be charged your agreed upon hourly rate, and this will be charged to your card saved on file. More than two cancellations and/or no-shows will be discussed and may be subject to termination of services. In the case of severe illness or family emergencies, this will be handled on a case-by-case basis.
- Payment is due at the time of service. Cash, check, or major credit cards are accepted. Hourly rate is determined at the time of this agreement. Please make checks out to: Sarah Murray. A card will be saved to your file to allow for ease of payment and used in the case of non-payment or no-show appointments.
- Feel free to contact me regarding appointment scheduling via email or call/text. However, urgent issues and especially safety concerns cannot be addressed in this manner. Please go

Sarah Murray, LCSW | Heart Wild, LLC
3401 Quebec Street | Suite 4500 | Denver, CO 80207
720-635-9045 | heartwildtherapy@gmail.com | www.heartwild.org

to your nearest emergency room or call 911. All other issues can be addressed at your next visit.

- Please let me know if you have a different location where you'd like your sessions to take place. I am happy to walk, run, or hike and talk if available. Usually a location near to my office is most convenient unless scheduled in advance. Please be aware that your confidentiality may be compromised in these situations, but we will take care to keep a private conversation whenever possible.
- My goal is to create the most therapeutic relationship possible with you or your child. Legal matters are not my specialty and can derail the therapeutic relationship. I will not testify in legal matters for my clients or offer legal advice. Additional case management including letter-writing, extensive collaboration with other involved parties, etc will be charged at \$175 per activity.
- Therapy is a mutual agreement with your therapist. I reserve the right to terminate services if I feel I can no longer provide therapeutic support to you or your child for any reason. You also have the right to terminate services at any time. When services are terminated by either party, it is important to share the reason for termination and allow for therapeutic termination whenever possible.

I have read and agree with the above. I also agree to paying the hourly rate of:
_____/hour.

Client/ Guardian Signature

Print Name

Date

Therapist Signature

Print Name

Date