

Carolyn Steere, MC, LPC
1969 Interlocken Drive
Evergreen, Colorado 80439
303-807-7736

Explanation of Services

As a consumer of behavioral health services, there are a number of areas you are entitled to be informed of. Please read this document carefully and let me know if there are any areas where you need further clarification. If you are in agreement with its contents, please sign where indicated and bring it with you to your appointment.

Professional Credentials

Since we may be working together, it is important for you to know more about my educational background and experience. I have a Bachelors of Science in Education, which I earned from the State University of New York at Geneseo. In 1995 I completed the requirements for, and was awarded a Master of Counseling from Arizona State University. I am licensed as a professional counselor in the State of Colorado.

My specialties including working with adults in the areas of career development, depression, anxiety, life transitions and grief. When appropriate, I utilize brief therapy techniques which focus on problem identification and resolution.

Release of Information

The notes taken during counseling sessions and the results of any standardized assessments will be kept in strict confidence. Should you wish to release any information, you will need to sign a consent to release form designating the specific information to be released and the person or agency that you desire to have access to that information.

There are some situations when I am legally bound to share information without your consent. These are:

- If you disclose to me that you are a potential danger to yourself or others
- If you disclose to me that you are a victim of child or adult abuse, including sexual molestation
- If subpoenaed by the court for testifying of mental stability in litigation and administrative procedures
- If you are is a minor (under age 18)

Fee:

My fee for a 50 minutes session is \$115.00, which is due at the time of your appointment unless other arrangements have been made in advance. Payment can be made in the form of cash (for the exact amount since I do not keep cash on hand) or check, made payable to Carolyn Steere, MC.

Office procedures:

If you must cancel, please give me a 24 hr. notice by calling my voice mail (602-568-6878). Should you miss a scheduled appointment, you may be charged. If two ore more visits are missed without advance notice, I reserve the right to cancel any future appointments which may be scheduled.

Unless specifically discussed, please do not bring young children to your appointments. Not only is it distracting to you, the client, the subject matter is often inappropriate for them.

I have read the materials presented in this statement, my signature indicates that I understand the information, I am in agreement with the conditions of services that are either stated or implied here, and I commit myself to be in compliance with them.

Client Signature _____ Date _____

Counselor's signature _____ Date _____