**Andrew R. Tidrick, LCSW**

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**Working Relationship Agreement**

Following is a summary of the main guidelines of how I will be working with you as a client. Mutual understanding will be important in our work and I would like you to be clearly aware of my expectations and the scope of the services I can provide. Please feel free to ask any questions.

**Fees and Payment**

Payment for services is due at the end of each session. I will bill each fifty-minute session for both individual and family therapy at $100 per hour. If I believe that it would be beneficial to you and your family for me to invite a co-therapist or consultant, I may offer this option to you. The hourly rate for therapy with me and a co-therapist or consultant will be discussed in advance of billing and will be adjusted accordingly.

If you have insurance coverage with mental health benefits or an employee assistance plan, I will bill those plans for you. You are responsible for any copay required by your insurance. Signing below indicates that you give me permission to complete the necessary paperwork to bill your insurance or EAP.

**Cancellations and Missed Appointments**

There is no charge for the cancellation of an appointment if it is received at least 24 hours in advance. I will bill you for missed appointments or cancellations made with less then 24 hours notice, not withstanding sudden illness or emergency. If you no show for two (2) appointments in a row or three (3) in two months’ time, I will need to address this with you with regard to business and therapeutic issues and I may choose terminate services with you.

**Emergencies and Phone Calls**

I can be reached either in my office or by voice mail. I will retrieve calls every day and will return phone calls within 24 hours unless I have otherwise specified on my voice mail. I am not a crisis-oriented therapist and work by appointment only. I will of course make every effort to meet your urgent needs as they arise, however, if you are experiencing a mental health crisis, you can call the Touchstone Mental Health Hotline at (970) 221-2114, Denver Emergency Mental Health Services at (303) 602-7221 or 911.

**Confidentiality**

Your therapy sessions and communications with me (and the records of them) will remain confidential unless you otherwise specify. I will ask that you complete and sign a consent form to release information to a third party. I am required by law to report child and elder abuse and neglect. I also have ethical responsibilities to inform the appropriate agencies or officers in case I am informed of an imminent danger to your life or that of another discussed in your therapy sessions.

Please feel free to ask any questions or make any suggestions.

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Client Name, printed, DOB Insurance

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Client/Guardian, signature Andrew R. Tidrick, LCSW