

Becky Rockwell, LCSW
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Working Relationship Agreement

Appointments and cancellations:

Psychotherapy sessions last 50 minutes, are usually scheduled weekly and are scheduled in advance. If you need to cancel or reschedule an appointment, please call at least 24 hours in advance to ensure that you are not charged for a missed appointment. Appointments that are not cancelled at least 24 hours in advance are subject to a full session fee.

Fees and payment:

Payment is due at the time of service. Bounced checks or outstanding balances will be subject to bank charges and collections fees. I do not bill insurance companies, but upon request I will provide payment receipts that you can submit to your insurance carrier. Any fees relating to legal action that require me to reproduce records, participate in depositions or court appearances are substantially higher than therapy fees and are the responsibility of the person signing below. These fees must be paid in advance.

Messages:

Voicemail is available on my office phone 24 hours a day, 7 days a week. I will make every effort to return your call within 24 hours, unless I receive the call on a holiday or weekend. Those calls will be returned by the end of the following workday. I do not communicate by text or email with clients.

Emergencies:

In the event that you are experiencing an emergency, please seek immediate help by calling your doctor, calling 911 or going to the nearest hospital emergency room. You may also call the National Suicide Prevention 24-hour Hotline 1-800-273-8255.

Complaints:

I am a clinical social worker licensed by the State Board of Social Work Examiners to provide evaluation, diagnosis and treatment to individuals, families and groups who are affected by social stress or health impairment. You have the right to contact the state board with complaints about the professional conduct of any licensed social worker at 303-894-7855.

Our Agreement:

In my psychotherapy practice, I seek to provide you with a safe place to talk, to be listened to objectively, to be respected and supported. I work to help you identify your goals, clarify any issues, gain new understanding and to help you determine your desired path. Please feel free to discuss any feelings, thoughts or concerns you have regarding therapy or my practice.

Client Signature Date

Therapist Signature Date

