

Ron Langer, MSW, LCSW, BCD

5105 DTC Parkway, Suite 320

Greenwood Village, CO 80111

Practice Policies

My standard session for individual and couples psychotherapy is 45-50 minutes, the charge for which is \$125. Sometimes, family and couples psychotherapy requires a longer session. Longer sessions will be prorated at my usual rates. If I believe that a longer session is in your interest, I will discuss it with you. Group psychotherapy is charged at \$55 for an hour and a half group. Usually, I will not bill for phone calls. However, excessive phone time will be charged on a prorated basis.

Payment is expected at time of service unless other arrangements are made in advance. Group therapy will be billed by the month. Statements will be distributed at the first group of the following month, and payment is expected by the next meeting.

We will bill Triwest, and you will be responsible only for your co-payment and deductible (if any). Appointments not canceled at least twenty-four hours in advance will be charged \$25.

For insurers for which I accept assignment, I will bill the insurance company, and you will be responsible only for your co-payment. EAP services are generally covered completely, with no co-pay. I do not participate in Medicare/Medicaid. If you are covered by other medical insurance, we will give you a monthly statement, which you can submit to your insurance company. However, because of long waits for insurance reimbursement, payment will be expected at time of service, and you will take responsibility for pursuing reimbursement by your insurer. To avoid later surprises, please check with your insurance company for any special referral or provider requirements. As with any other service you decide to receive, you are ultimately responsible for charges incurred. Should you have any questions or wish to discuss any special circumstances, please ask me

If I am seeing two or more family members or partners (e.g., husband and wife, intimate partners, parent and child) I will not keep secret information shared with me by one party from the other party, unless both parties and I explicitly agree to it. I cannot divulge to a parent or guardian the content of my communication with a child 15 years of age or older without the child's permission. I will not make recommendations to a court of law, or testify in such, regarding parental fitness or child custody. I will not release my psychotherapy notes to anyone unless ordered to do so by a court of law. With a signed release from you I will release a treatment summary to, or communicate with, other professionals when it is clinically advisable to do so. Upon the completion of therapy I will release a treatment summary to you, if you request it.

The state of Colorado requires mental health records be retained for 7 years, and that you be notified of the disposition of your records in the event of an unexpected closing of my practice. In such an event, my records will be transferred to Kathy Aguirre, MSW, LCSW, 8158 E. 5th Ave., Suite 280, Denver, CO 80230. Ms. Aguirre's phone number is (303) 341-1616.

I have been informed of Ron Langer's practice policies. I understand and accept my rights and responsibilities as a patient and consumer.

Signature

Date