



## **Counseling Agreement, Fees, and Information:**

### **Therapeutic Modalities Used:**

Gestalt Therapy  
Sensorimotor Psychotherapy  
Equine-Assisted Psychotherapy  
Characterological Based Strength Training (CBST™)

I will discuss these in detail at your request in consultation.

### **Psychotherapy**

Psychotherapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, and greater insight into personal goals and values. As with any treatment modality, there are no guarantees of what you will experience.

### **Participation in Counseling/Psychotherapy:**

I understand that for counseling to be most successful, I will need to be actively engaged and participate in my own healing and growth. Additionally, I understand the work that I do outside of therapy sessions will greatly impact my progress.

### **Risks of Counseling/Psychotherapy:**

I understand counseling may feel challenging and difficult at times. Uncomfortable feelings and experiences may be addressed within counseling (in that I may feel anger, sadness, guilt, grief, loss, frustration, etc.). While progress may be happening, I may feel worse before I start to feel better. However, I ultimately get to decide what we discuss and work with. If I feel uncomfortable or not ready to discuss a particular issue at any point, this is perfectly fine.

### **Communication**

I understand that email, faxing, or using a phone, especially a cell phone is not a confidential means of communication. I will not hold George MacIlwinen, MA, LPC, CAC I, GEP, ACE-CPT responsible or liable for breach of confidentiality if I choose to communicate by these means. I also understand that George MacIlwinen, MA, LPC, CAC I, GEP, ACE-CPT will not offer therapeutic services via email.

If you need to contact George MacIlwinen, MA, LPC, CAC I, GEP, ACE-CPT between sessions, please call 720-432-3147. If you leave a voicemail, your call will be returned at my convenience.

### **Emergencies:**

If I have a life-threatening emergency, I will either call the Suicide and Crisis Hotline at 303-447-1665, call 911, or go to the nearest emergency room. I understand that George MacIlwinen, MA, LPC, CAC I, GEP, ACE-CPT provides non-emergency therapeutic services by scheduled appointments. Clients seen in outpatient psychotherapy are assumed to be responsible for their day-to-day functioning. If I may need additional or more intensive services, my therapist may refer me to another organization to receive extended services.

### **Consultation and Supervision:**

I understand that it is ethical and common practice for psychotherapists to consult with other professionals or colleagues about issues that arise within therapy. My confidentiality will still be protected during consultation and supervision sessions. Signing this disclosure gives my psychotherapist permission to consult and seek supervision as needed to provide professional services to me as a client.



**Fees:**

The fee for a 45 to 60-minute psychotherapy session is \$150.  
The fee for a 60-minute equine-assisted psychotherapy session is \$180.  
The fee for a 90-minute equine-assisted psychotherapy session is \$225.  
The fee for a 2 hour equine-assisted psychotherapy session is \$350.

Group psychotherapy is \$150 per month for a 4-week group.

Forensic work (depositions, court testimony, court preparation, travel, consultation) is \$300.00 per hour (60 minutes).

Characterological Based Strength Training 6 month program: \$18,000.00

Engaging in a Characterological Based Strength Training Program involves both Counseling/Somatic Psychotherapy and Personal Training/Bodybuilding. A six month program is offered in a package for \$18,000. This requires meeting twice per week for the first three months engaging in Therapy sessions, being reduced to once per month for the final three months, while engaging in 10 monthly Personal Training sessions.

**Auxiliary Services:**

My hourly rate of \$150 will be charged for mental health evaluations, progress reports, collateral contacts, and any reports generated **at the request of the client**. Also, a fee will be charged at the session rate on a pro-rated basis for phone calls longer than five (5) minutes. This applies to responding to email messages also.

**Payment:**

I am considered “out of network” for most insurance carriers and do not process insurance. However, I can provide documentation to you which you may submit to your insurance company for reimbursement.

Payment in full is expected at the time of service in the form of cash, credit card or check.

I understand that I am legally responsible for payment for my psychotherapy services. If my payment is returned due to non-sufficient funds, than I will pay for any associated fees incurred.

A late payment fee of 5% monthly interest will be added to balances remaining unpaid after 30 days. Collection procedures may be initiated after a 60 day period where no attempt or agreement has been made to pay off the past due balance.

**Cancellations:**

I have a 24 hour cancellation policy. Without 24 hours notice, missed appointments are charged for in full.

\_\_\_\_\_  
Print Client’s name

\_\_\_\_\_  
Client/Legal Representative Signature Date

\_\_\_\_\_  
George MacIlwinen, M.A., LPC, CAC I, GEP, ACE-CPT Date