

CHERRY CREEK PSYCHOTHERAPY, LLC
PATRICK THOMAS COLE, MSW, LCSW

1660 SOUTH ALBION STREET, SUITE 1025
DENVER, COLORADO 80222
PH: (303) 909-9054

CONTRACT FOR MENTAL HEALTH THERAPY

(NAME) _____ (THE "CLIENT"). THANK YOU FOR CHOOSING CHERRY CREEK PSYCHOTHERAPY, LLC AND PATRICK T. COLE, MSW, LCSW (THE "PROVIDER") TO WORK WITH YOU. I APPRECIATE YOUR CONFIDENCE AND WILL PROCEED FAITHFULLY AND DILIGENTLY ON YOUR BEHALF. PLEASE SIGN THIS AGREEMENT INDICATING YOUR APPROVAL OF THE TERMS OF THIS AGREEMENT.

IT IS AGREED THAT THE PROVIDER WILL PROVIDE THERAPY TO YOU AND WILL ACT AS THE THERAPIST FOR YOU AND YOUR FAMILY AS NEEDED. IT IS ALSO UNDERSTOOD THAT THE PROVIDER WILL ADVISE CLIENT(S) AS TO WHAT HE FEELS IS THE BEST THERAPEUTIC APPROACH WHEN WORKING WITH YOU. AS ALWAYS CLIENT'S COMMENTS ARE WELCOME AND ENCOURAGED TO HELP PROMOTE A HEALTHY THERAPEUTIC ATMOSPHERE. HOWEVER, IT IS ALSO UNDERSTOOD THAT AT TIMES THE PROVIDER WILL REQUIRE ONE-ON-ONE MEETINGS TO HELP BUILD A FOUNDATION OF TRUST AND TO PROVIDE AN ATMOSPHERE IN WHICH THE CLIENT FEELS OPEN TO EXPLORE ALL THOUGHTS AND FEELINGS.

IT IS ALSO AGREED THE PROVIDER WILL UPON REQUEST WRITE REPORTS ON THE PROGRESS OF YOUR THERAPY. HOWEVER, SUCH INFORMATION WILL NOT BE CONSIDERED AN OFFICIAL EVALUATION AND CANNOT BE USED FOR DETERMINATION OF ANY PENDING OR UPCOMING COURT ACTION PERTAINING TO YOU AND/OR ANY FAMILY MEMBER.

THIS AGREEMENT IS BINDING, HOWEVER AT ANY TIME EITHER CLIENT OR PROVIDER CAN CANCEL THERAPY SESSIONS. THE CLIENT IS RESPONSIBLE FOR FOLLOWING THE REQUIRED NOTICES PROVIDED IN THE NOTICE OF BILLING. THIS AGREEMENT WITH REGARDS TO ANY PROGRESS UPDATES WILL REMAIN IN EFFECT UNLESS OTHERWISE AGREED UPON BY PROVIDER.

CLIENT

CHERRY CREEK PSYCHOTHERAPY, LLC

BY: _____
(CLIENT/RESPONSIBLE PARTY)

BY: _____
PATRICK T. COLE, MSW, LCSW

PRINTED NAME

DATE: _____

DATE: _____