Margit Cox Henderson, Ph.D.

Disclosure Information

Name: Margit Cox Henderson, Ph.D.
Address: 1777 S. Bellaire St., Suite 425, Denver, CO 80222
Phone #: 303-257-2427
Credentials: Licensed Clinical Psychologist, Colorado License #2236, January 1998
Education: Ph.D. in Clinical Psychology, Loyola University of Chicago, January 1997
M.A. in Clinical Psychology, Loyola University of Chicago, January 1993
B.A. in Psychology, Northwestern University, June 1990

Client –Therapist Agreement

Licensure Explanation:
The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.

Client Rights:
As a psychotherapy client, you are entitled to receive information about methods of therapy, the techniques used, the duration of therapy if known and the fee for services rendered. You may seek a second opinion from another therapist and may terminate therapy at any time. In a professional therapy relationship, sexual intimacy is never appropriate and should be reported to the Board of Psychologist Examiners.

Fees:
The fee for a 50-minute session is $240. Your fee is due in full at each session. If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility. Telephone conversations of a clinical nature may be charged as regular sessions. Reports and court appearances require professional time for which you will be charged $240 per hour for preparation, waiting and testimony time.

Appointments and Cancelations:
Therapy sessions are 50 minutes. This time is reserved for you. **If you need to cancel or reschedule your appointment, 24-hours advance notice is required.** With less than 24-hours notice, you will be charged for the reserved session, $240 for missed appointments or late cancelations.

Confidentiality:
Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 and the Notice of Privacy Rights you were provided as well as other exceptions in Colorado and Federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. Examples of exceptions to confidentiality are:

- If you present a danger to yourself or someone else, I may have to break confidentiality in order to ensure that you/others are safe.
- If there is an indication of child abuse or neglect, I am required to report this to the Department of Social Services for their further assessment / investigation.
- I and/or records may be subpoenaed in Court proceedings including but not limited to child custody, criminal and delinquency cases.

Emergency Coverage:
In case of a clinical emergency, you can reach me on my cell phone at 303-257-2427. I will respond as soon as possible during daytime hours, usually within an hour. Misuses of the emergency number are unacceptable and will be discussed as a therapeutic issue. When I am unavailable, I will make arrangements for crisis coverage to be provided by another clinician. If you cannot wait for a call back, you should seek emergency assistance by calling 911 or going to the nearest hospital emergency room.

Treatment Progress:
At the start of treatment, we will discuss your goals for therapy and develop a treatment plan. While guarantees regarding treatment outcome cannot be made, I will provide you with my clinical expertise and commitment to our work together. I strongly encourage you to actively participate in your therapy process. I will regularly check-in with you regarding your experience of our work together and to assess your progress toward your goals. If you feel that our work together is not useful, I will explore with you changes in treatment plan that may be helpful, and if needed, provide you with referrals to other therapists.

Complaints:
If you have any complaints or concerns about the treatment you receive, I strongly encourage you to discuss these issues with me. Your input into your treatment is valuable and will help us to work together more effectively. Any unresolved concerns may be addressed to the Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

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By my signature below, I certify that I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party. I hereby acknowledge that I have received the provider's Notice of Privacy Rights.

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Client Name (print)

_____ _____
Client Signature Date

_____ _____
Therapist Signature Date