LifeThreads™ Agreement

I.

Safety/Confidentiality

	The information that obtained from you and your child/children will be kept private to HIPPA regulations except under one of the following circumstances: a). If the is reason to believe there has been abuse of a child. State and Federal laws req this to appropriate agencies, b). If a client states an intention to seriously harm an	therapist believes there uire therapists to report
	therapist may have a legal obligation to warm the intended victim and or the police	
II.	Informed Consent I,, give my permission to LifeThreads to provide cour understand there are no service guarantees and that I have the right to decline a offered at any time. I also acknowledge that I understand that Shannon R. Rios, in the state of CO as a licensed marriage and family therapist.	service which is being
III.	Cancellations 24 hours advance notice must be given for any coaching session cancellations. If an appointment is not cancelled 24 hours in advance, you will be charged for that session.	
IV.	Financial I agree to pay for services provided to me. I agree to be responsible for payment appointment without 24 hours notice.	if I miss my
V.	Regulation of Psychotherapists. The Colorado Department of Regulatory Agencies has the general responsibility practice of licensed psychologists, licensed social workers, licensed professional marriage and family therapists, licensed school psychologists practicing outside tunlicensed individuals who practice psychotherapy. The agency within the Deparesponsibility specifically for licensed and unlicensed psychotherapists is the Deparesponsible. Mental Health Section, 1560 Broadway, Suite 1350, Denver 80202, 30	counselors, licensed the school setting, and rtment that has partment of Regulatory
VI.	Termination Upon termination, we commit that each family member involved will have a comp	oletion session.
	Your signatures below indicate that you agree to these terms.	
	Client	Date