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**Policies and Procedures**

**Cancellation Policy:** In most cases, 24-hour notice is required for cancellation without charge. In some instances, including group therapy, payment is required regardless of attendance and the cancellation policy does not apply.

**Payment & Fee Policy:** My rate is dependent upon the clinical service provided and will be fully disclosed. All other services, including phone, email, and text exchanges for purposes other than scheduling outside of the therapy session are billed at the pro-rated rate of \$85 per quarter-hour. Payment is required at time of service unless other mutually agreeable arrangements have been made.

**Insurance:** Though I do not accept insurance, I am able to generate a superbill for you to submit to your insurance should your policy allow for out-of-network reimbursement.

**Release of Information:** Should I request, releases for exchange of information are required for any and all mental health or medical providers.

**Emergency Availability:** Though I will return appropriate communication within a timely period and will notify you of extended periods of absence as well as provide contact information for a back-up therapist, I am not available for emergencies. Please call 911 or visit your local emergency room should you find yourself in need of immediate services. Please notify me once the appropriate actions have been taken on your behalf.

✪ Please initiate a conversation with me should any part of this **Policies and Procedures** pose a struggle for you.

✪ I will initiate a conversation with you should I elect to adjust any part of this **Policies and Procedures**.

***I have read the preceding information, I understand it, and agree to the terms herein.***

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Client's Printed Name

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Client's or Responsible Party's Signature, if client is under 15 years old.

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Date

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If signed by Responsible Party, please state relationship to client as authority to consent.