



120 Carnegie Place, Suite 202
Fayetteville, GA 30214
404-988-9177

Business Policies, Services, and Procedures

We would like to take this opportunity to welcome you to our practice. Our goal as your therapist is to facilitate change. It is our job to be the agent of

change.

This statement contains information regarding our office policies. Please read them and if you have any questions, discuss them with your therapist.

Meet Your Therapist: Your therapist is:

___ Ms. Ryan Sutton, LCSW. She is currently a Licensed Clinical Social Worker in the State Of Georgia. She received her Master's of Social Work degree from Clark Atlanta University in 1995. She has been a licensed therapist for eight years. Her areas of competence include but are not limited to: individual, family, couples therapy in the areas of depression, trauma, anxiety, and mood disorders. As a therapist, she subscribes to Cognitive Behavioral Therapy with integrated techniques from Solution Focused Therapy, and Gestalt Therapy to name a few. As a Cognitive Behavioral therapist her focus is on the here and now and bringing awareness to your automatic thoughts and negative core beliefs which influence your behaviors

Appointments

Each session is approximately 45-50 minutes in length. Your appointment time is reserved especially for you. Please respect that there may be times when other clients are on a waiting list to be seen. If you must cancel, please notify the office as soon as possible. If an appointment is missed or it is cancelled with less than 24 hours notice, you will be charged \$ 45. Please be aware that your insurance company cannot be billed for fees associated with missed or canceled appointments.

Availability & Emergency Access We are available to return routine and urgent calls within 24-48 hours. In case of an emergency please contact 404-988-9177. If emergency mental health services are needed and we are not available to contact you immediately, call the emergency mental health number in your county, go directly to the closest emergency room, call 911, or the Georgia Crisis and Access Line at 1-800-715-4225.

Financial Terms and Fees If you have coverage for behavioral healthcare under an insurance plan, you are responsible for obtaining initial authorization for treatment from

your insurance carrier. I will bill your insurance, however, you are responsible for co-payment amounts and deductibles as set for the by your benefit plan. Missed appointments, disability evaluations, court ordered evaluations, completion of forms for attorneys or employees, court appearances, copies of records, letters, or any other types of reports are not covered by your insurance and the charges associated with them are your responsibility.

There may be certain circumstances in which a client may not be covered by insurance or wish to pay privately due to concerns about having to release confidential information to their insurance companies or simply due to the fact that certain services are not covered by their insurance plan. I do offer a variety of service packages that can be custom designed to fit your needs if you choose to pay out of pocket.

If you choose to pay out of pocket, 45-50 minute counseling sessions are \$125 for individual sessions and \$150 for couples/family sessions. Payment is due at the time services are rendered.

Other Service Fees: Paperwork charges for disability evaluations, court ordered evaluations, completion of forms for attorneys or employers, or any other type of reports requested by you or an outside source is \$ 50 for complex paperwork and \$ 35 for simple paperwork.

Court appearance charges start at \$ 200 and increase depending on time spent in court and client scheduling time lost.

There is a charge of \$ 35 to copy records, plus postage if applicable.

Termination People terminate counseling for various reasons. Sometimes termination is premature of goals being met, while at times counseling is terminated because goals have been accomplished. I want to ensure you that it is my policy to support all termination, for whatever reason.

Termination (ending therapy) is an important part of the treatment process. It is best this be a joint decision so progress can be reviewed and expectations for the future can be discussed. Although it is my goal to work with you until your treatment goals have been completed, there will be times when therapy will have to be terminated prematurely. If I cannot provide appropriate therapy for your treatment needs, if treatment goals that are mutually agreeable cannot be developed, if financial commitments are not honored, if you are not benefiting from therapy or if the therapy environment becomes unsafe, if there is repeated non-compliance with appointments, the therapeutic relationship will be terminated.

Any involuntary termination will be accompanied by an appropriate referral for mental health services. A case will be identified as voluntarily closed after mutual discussion between therapist and client(s) or if there has been no contact for 60 days.

Your signature at the bottom of this sheet signifies that you have read, understand and agree to abide by these policies.

Signature of Client/Legal Guardian/Legal Representative Date

Signature of minor client if under 18 Date

Signature of Therapist Date