

The Center for Mindful Exploration, LLC

OFFICE POLICIES AND PROCEDURES

The policies and procedures of this office have been created in an effort to improve service and to minimize inconvenience to our patients. It is my hope that by familiarizing you with these policies in advance, we may prevent misunderstanding and potential confusion or other difficulties.

OFFICE HOURS: Traditional office hours are from 8:00 A.M. until 6:00 P.M. Monday through Thursday, though individual therapists may work different hours. Our phone number is 706-443-5433. We are generally in session, but you can leave your name, number and message and someone will return your call within two business days.

APPOINTMENTS: Visits are by appointment only. However, if an urgent need should arise, we will make every effort to see you that day if possible. If you are unable to wait for a call back or your need is emergent, please proceed to your nearest hospital emergency department or call 911 for any potential life-threatening event. You can also call the Georgia Crisis Line at 800-715-4225.

TREATMENT EXPECTATIONS: Many things affect the success of treatment. The severity of the problem, the match between the clinician and patient, and the motivation of the patient, among other factors affect the length of treatment. We can discuss your feelings about your treatment and whether it is meeting your needs at any time.

Typically, the decision to terminate therapy is made by mutual consent of clinician and patient. In the event that you decide to discontinue treatment without notifying your clinician, it is assumed and formally agreed upon that the therapeutic relationship terminates 30 days after your last visit.

CONSENT TO TREAT: I give consent to Susan. Marshall, LPC / LaShannon Epps, LPC to provide any mental health/substance abuse care deemed necessary to accurately diagnose and treat my condition.

FEES: Appointments are generally 55 minutes. Initial appointments are \$125 and follow-up appointments are \$100. If you need to cancel an appointment, YOU MUST CANCEL BY 5PM THE PREVIOUS BUSINESS DAY. This allows us time to schedule another patient for that period. A CANCELLATION CHARGE OF \$50 WILL BE MADE FOR MISSED APPOINTMENTS WITHOUT NOTICE BY 5PM THE PREVIOUS DAY. Your appointment time was reserved for you and may not be able to be refilled on such short notice. Payment in full is required at the time of service unless other arrangements have been made in advance. A \$35 service charge will be made for all returned checks.

A copy of this form is available for your records

I have fully read, understand, and agree to the above policies and consent.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Patient or Guardian: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_