Greg Sutton LCPC
Counseling & Psychotherapy
(LCPC #4315)

223 North 6th Street #320 Boise
ID, 83702
(208)559-5666

Welcome to my office: As a Licensed Clinical Professional Counselor, I am governed by various laws and regulations of my profession. These ethics require that I make you aware of specific office policies and how these procedures may affect you.

imits of Confidentiality: Sessions between psychotherapist and client are strictly confidential, except under certain legally defined situations involving threats of harm to self or others, as well as situations involving child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, am required by law to notify the police and to inform any intended victim(s). In the case of harm to self, I am ethically bound to inform the nearest relative,

significant other, or to otherwise enlist methods to prevent harm to self and for those who are gravely disabled or suicidal. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities.

Payment & Fees: It is customary to pay for sessions in full at the time of the session, unless otherwise arranged in advance. Please have payment ready before the session begins.

Acceptable forms of payment are

cash and check.

Insurance: | have a service that will bill your insurance company and | accept most major insurances. Please verify with your insurance agency your coverage prior to our first session.

Telephone Accessibility & Emergency Procedures: | will return calls during my scheduled business hours should you need to contact me between sessions. | can not guarantee an immediate return call, although

every effort will be made to return calls within a reasonable amount of time. In the event of recurrent phone calls lasting longer than 10 minutes, you will be charged for that session at the hourly fee. If it is a true, life threatening emergency, please call 911 for help.

Appointments & Cancellation Policy: Sessions are 45-50 minutes long. Occasionally you may have to miss an appointment. If you need to cancel or reschedule an appointment, please

notify me as soon as possible, at least 24 hours in advance, so that I might fill the hour; if there is 24 hour notice, you will not be charged. This is necessary because a professional time commitment is set aside and held exclusively for you.

I have read, understood, and agree to the conditions stated above:

Signature		
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