Ryan J. Sutton

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Employed and Supervised by:

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**PRACTICE POLICIES**

**APPOINTMENTS AND CANCELLATIONS**

Please remember to cancel or reschedule 48 hours in advance. You will be responsible for the entire fee if cancellation is less than 48 hours.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 48 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

**PAYMENT:** Payment is expected by cash or check at the beginning of each session, unless other arrangements are made. Credit card payments are processed through Square. If your check is ready when you arrive, there will be a minimum of time spent on receipt writing, leaving more time for your session. I do this at the beginning of the session rather than the end so that you can leave therapy focused on your work and not on the finances.

Check should be made payable Catherine Cundy. A $25.00 service charge will be charged for any checks returned for any reason for special handling. In the event that your account goes to collections or small claims court, a 20% collections fee will be added to your balance.

**ARRIVAL AT THE OFFICE:** I will usually be in session when you arrive at the office. Have a seat in the waiting room. Please keep voices down and electronic devices off as there are therapy sessions going on in the building. Under no circumstances may young children be left unattended in the waiting room. The bathroom is located in the foyer of the building. Your therapist will provide you with a bathroom code.

**LATE ARRIVAL**: If you are late for your session, look at my door. If it is open, I’ve probably already been out to the waiting room looking for you so come on in. If it is closed, I’m probably still in the session prior to yours so have a seat in the waiting room and I‘ll come out to get you as soon as I‘m done. If for some unforeseen reason I am going to be more than 10 minutes past your starting time, I will come and let you know what to expect. If you are late in arriving, we will end the session at the normal time scheduled for your session. If I am late (sometimes emergencies happen and the session before you could go overtime - although I do my best to run on time), you will still receive your 50-minutes from the time we start.

**INSURANCE BILING:** I authorize Ryan Sutton to release information to my insurance company and my insurance biller, Jennifer Jackson, that is deemed necessary for claim submission and reimbursement. I authorize direct payment to be made by my insurance company to Catherine Cundy. I understand that it is my responsibility to contact my insurance and ascertain my insurance coverage. Ryan Sutton is a not a preferred provider for any insurance companies other than Partnership California. In some situations, Ryan Sutton will bill a client’s insurance company as a convenience to the client. It is the client’s responsibility to pay any deductible amounts, co-pay, co-insurance amount or any other balance not paid by my insurance on the day and time services is provided. In most cases, client will pay full fee at when services are rendered and be provided with a Superbill on a monthly basis that client can submit to their own insurance company for reimbursement.

**FEES:**

Individual Therapy 50 minute session: $80.00

Couples and Family Therapy 50 minutes session: $100.00

Emergency Session 50 minute session: $90.00

Group Therapy 100 minutes: $40.00

Brief Telephone Call to set appoints No charge

Extensive information or crisis call $10.00/10 minutes

**TELEPHONE or TELE-THERAPY ACCESSIBILITY** If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone or tele-therapy sessions. However, in the event that you are out of town, sick or need additional support, phone or tele-therapy sessions are available. If a true emergency situation arises, please call 911 or report to a local emergency room.

**SOCIAL MEDIA AND TELECOMMUNICATION**  
Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

**ELECTRONIC COMMUNICATION**  
I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:  
(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.  
(2) All existing confidentiality protections are equally applicable.  
(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.  
(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.  
(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel  
costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist’s inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he  
or she would consider important information, that you may not recognize as significant to present verbally the therapist.

**MINORS**  
If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

**TERMINATION**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

If you are a Partnership California client and miss 2 sessions without 48 hour notice, you will be terminated as a client. If you wish to continue therapy, you will be put on my waitlist and we can begin therapy again when I have an available spot.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.