

This is a contractual agreement. Please be sure to read carefully before signing.
PLEASE KEEP ONE COPY OF THIS PAGE FOR YOUR REFERENCE.

THOM RUTLEDGE, LCSW
INDIVIDUAL, COUPLES, GROUP PSYCHOTHERAPY

OFFICE POLICIES / CLIENT CONTRACT

INDIVIDUAL sessions are \$225 per hour. Sessions are available in three time frames:

1 hour (\$225), 90 minutes (\$300), 2 hours (\$375). **INITIAL CONSULTATIONS** are 90-minute sessions unless specifically arranged otherwise. Following the first visit, clients can choose 90 minute or one hour session times.

COUPLES sessions are 90 minutes (\$300). Longer sessions can be arranged if that is helpful.

The last ten (10) minutes of each session are reserved for handling business matters such as payment, scheduling further appointments and completing receipts.

TELEPHONE/VIDEO APPOINTMENTS are available for long distance clients and during inclement weather. Fees for telephone appointments are the same as office visits.

BETWEEN SESSION COMMUNICATION is done with email and at times with texting.

IN THE EVENT OF EMERGENCY clients should call the Crisis Call Center 615-244-7444 or the Nashville Mobile Crisis Call Unit at 615-726-012. Clients can also go to the nearest hospital emergency room. In the event of a life-threatening emergency, call 911. Do let this office know of your emergency but first make the appropriate contact above.

FEE FOR SERVICE IS DUE AT THE TIME OF EACH SESSION unless specifically arranged otherwise. Clients are asked to maintain a zero balance at all times. **Payment can be made with check, cash, or credit/debit card.**

PLEASE
INITIAL
HERE

THIS OFFICE DOES NOT DO ANY INSURANCE BILLING OR AUTHORIZATION PAPERWORK OR PHONE CALLS. Sometimes insurance providers will reimburse client some of fees paid if receipts for sessions are supplied. If this is the case, an itemized statement of client account can be provided.

IF YOU NEED TO CANCEL* AN APPOINTMENT, please do so by 10:00 p.m. on the day before the scheduled appointment. (Messages to cancel can be left via email 24/7)

PLEASE
INITIAL
HERE

SESSIONS CANCELED WITH LESS NOTICE WILL INCUR CHARGE FOR THE FULL FEE.

A REFERRAL CAN BE MADE to another qualified psychotherapist or counselor if any of the above policies are not acceptable to your current circumstances. Please do not hesitate to ask.

I have read and understand the above policies and agree to terms of payment, including charges for canceled appointments.

Signature

Date

* **EXPLANATION OF CANCELATION POLICY:** Our cancellation policy is not intended to be punitive and is not arbitrary. We ask that clients leave a message of cancellation by 10:00 p.m. on day before scheduled session. This allows for time to offer the time to another client who has asked to be contacted in the event of cancellation.

CONFIDENTIALITY: Everything that you say in psychotherapy sessions is held in confidence, and will be shared with no one without your written permission. There are three (3) exceptions to this confidentiality rule required by Tennessee State Law. A report to the appropriate authorities will be made 1.) if you share information that a child is being sexually or physically abused, 2.) if you present an immediate danger to yourself or someone else, 3.) if you threaten to commit a felony on this property.

To schedule, reschedule or cancel sessions, e-mail thomrutledgeauthor@gmail.com

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CONFIDENTIAL APPLICATION

Date of Initial Consultation _____ Referral Source _____

Client Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone #'s _____ E-mail address _____

Marital Status _____ Children (ages) _____

of Previous Marriages _____ Children (ages) _____

Spouse's Name _____

Parents (ages) _____ Siblings (ages) _____

Current Employment/Profession _____

Current or previous counseling, treatment, and/or support group experience _____

Current Medications _____ Physician _____

Are you recovering from any addictions? _____

Are you currently concerned about an active addiction? _____

Reason for seeking help now / and what you hope to gain from therapy _____

What is the most important thing you want to talk about in your first session? _____

IF THIS IS FOR COUPLES SESSION: EACH OF YOU PLEASE COMPLETE AN APPLICATION

E-mail thomrutledgeauthor@gmail.com

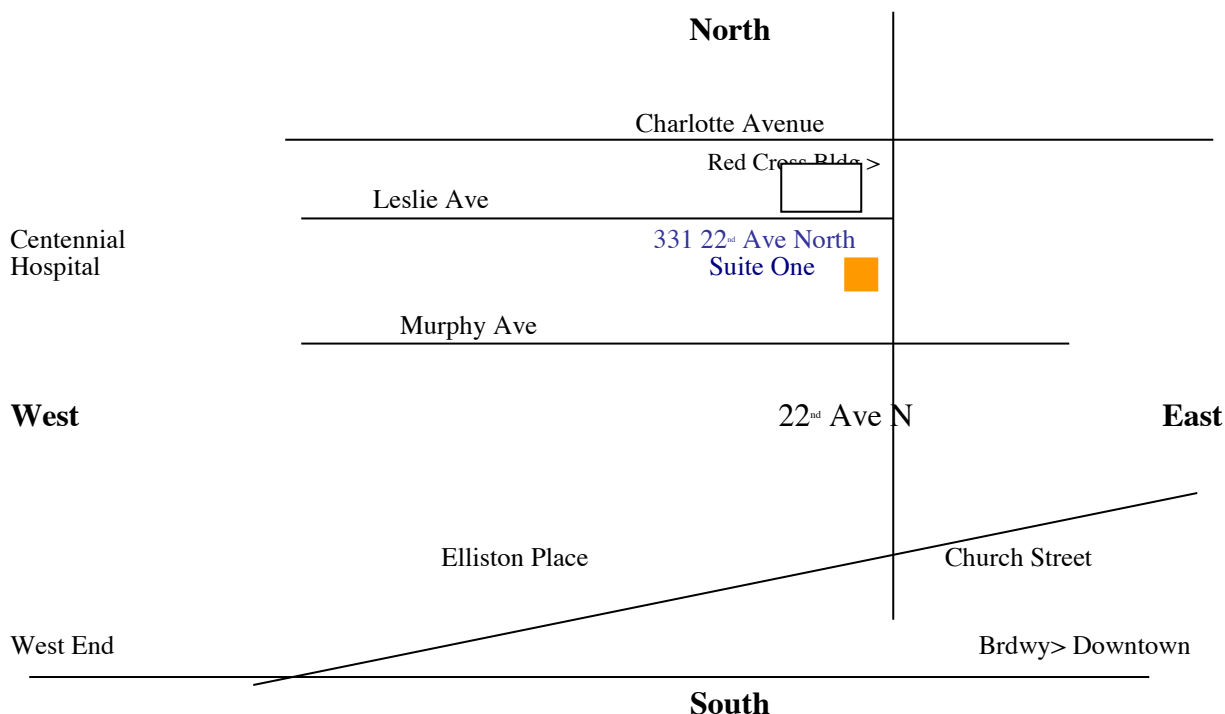
THOM RUTLEDGE, LCSW

INDIVIDUAL, COUPLES, GROUP PSYCHOTHERAPY

DIRECTIONS TO OFFICE

The office is located in Nashville at 331 22nd Avenue North, Suite One, in a two-story brown brick house converted to office suites. There is no signage in the front, but the street address -- 331 -- is on the front awning. There is a small amount of parking in the front of the building and a larger parking area behind the building, accessible via the alley. (See photos below)

Enter through either the front or back doors of the building and you will see a sign for the offices of Thom Rutledge and Gary Faith.



331 22nd Ave North (Front Entrance)



331 22nd Ave North (Rear Entrance)

