



**GINGER M. SULLIVAN**  
INDIVIDUAL, COUPLE & GROUP PSYCHOTHERAPY

*Licensed Professional Counselor, DC #1202*

*Licensed Clinical Professional Counselor, MD #LC9088*

*Certified Group Psychotherapist*

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## Information for New Patients: Individual and Group

Thank you for selecting me as your therapist at this point in your personal growth process. It is a difficult yet courageous thing to share your innermost thoughts and feelings with a professional therapist. I look forward to helping you in your journey and putting together the best treatment plan that will address your specific needs. Feel free to ask me any questions regarding your treatment or progress. And let me know if there is a better way I can assist you. I have set forth the following policies under which I operate my practice. Please discuss any of them with me at any time:

1. Upon our initial meeting, we will enter an evaluation period of treatment whereby we will assess the difficulties presented, gather historical data, get a sense of our working relationship and establish a treatment plan. Your treatment plan might include individual therapy, group therapy or a combination of modalities. An individual session runs 50 minutes, a group session 90 minutes.
2. All services are confidential. The exceptions to this are in cases of child abuse or any indications that someone is a danger to him/herself or to someone else. In addition, if you elect to use insurance to assist in paying for services, the insurance company may inspect your records at any time. Employees and subcontractors of this practice may have access to certain information for purposes of business administration.
3. At any point during your treatment, if you are considering taking harmful action against yourself or someone else, you are to contact either myself, your primary physician or the nearest emergency room. Should an urgent situation arise after office hours, please call (202) 321-4058 or go directly to your nearest emergency room.
4. Payment is expected at the time of service. For your convenience, I accept payment by cash, check or credit card – Visa, MasterCard and American Express. You may choose to be billed monthly whereupon you will be billed during the last week of the month, and payment is expected by the 10<sup>th</sup> of the following month before a late fee is added. You will be provided the needed paperwork to submit for insurance reimbursement. If you are in need of assistance to received available reimbursement, I will be happy to oblige.
5. In contracting for psychotherapy, we are entering a relationship which will profit your overall health. Thus, regular attendance is imperative. My cancellation policy is - If you cancel outside of a 48-hour window, no fee will be charged for the session. If you cancel within a 48-hour window, a 50% fee for the session will be charged. If you cancel within a 24-hour window, a 100% fee for the session will be charged. Please note that group patients are responsible for the fee whenever the group meets, regardless of attendance.
6. Please make note that the total cost of treatment is individual and situation specific. If long-term work deems necessary, please multiply your weekly fee by 48 weeks conservatively in that I take approximately 4 to 6 weeks of vacation per year. This number will serve as your Good Faith Estimate (GFE). If you have any questions regarding GFE, don't hesitate to ask.
7. I do not charge for telephone consultations of 5 minutes duration or less. If telephone consultations exceed 5 minutes, I will bill you at my hourly rate.
8. "Therapy" is the Greek word for change. Throughout our process, you may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that cause you to feel sadness, sorrow, anxiety and pain. The success of our work together depends on the quality of the efforts on both our parts and the realization that you are responsible for lifestyle choices/changes that can result from therapy.

Please indicate that you have read and understand these policies by signing below.

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Patient Signature

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Date

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Email Address

Thank you very much and I look forward to working with you.

Ginger M. Sullivan, MA, LPC, CGP, FAGPA