

CHOICES GWINNETT COUNSELING

DEBBIE DURAND, NCC, LPC

2095 Hwy 211 NW
Suite 2F-321
Braselton, GA 30517
404-431-9895

Appointments

Debbie understands day to day life for all of us is full of duties and activities that stretch us beyond the point of simply being busy. Additionally, the added stress of problematic situations that bring individuals to counseling will undoubtedly add to that stress burden. Debbie strives to be sensitive and accommodating to your scheduling needs working to find a time that suits your schedule. She asks that you also try to be flexible in scheduling as she may from time to time ask if you can adjust an appointment.

Please understand Debbie stays booked and is currently turning clients away to other specialists in the area to accommodate you as a client. A basic responsibility is keeping the commitment of attending your sessions on time. Therefore, if you make an appointment, please commit to keeping it except if you are sick and likely contagious. If you must cancel for any reason, **appropriate cancellation is at least 48 hours prior to your scheduled appointment.** This gives Debbie the opportunity to place another individual who desires an appointment in your slot.

Credit Card Authorization Form

I, _____, hereby authorize Debbie Durand of Choices Gwinnett Counseling, LLC to charge the following credit card for the counseling services provided to me by Debbie Durand. This may include "cancellation" charges at the full rate of \$140.00 should I fail to attend a scheduled appointment without appropriate cancellation. Additionally, I authorize charging this credit card for copays, fees for letter writing and anything the insurance company does not pay for any reason. This authorization will remain in effect during the entire duration of my services at Choices Gwinnett.

Cardholder's Name (exactly as it appears): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Card Number: _____ Expiration: _____ Code: _____

Card Type: MasterCard Visa Discover

Signature: _____

IMPORTANT

Please attach a copy of the cardholder's Drivers License to this form
ALL SECTIONS MUST BE COMPLETED