

**Kathryn Butler APRN-BC Professional Disclosure Statement**  
**Atlanta Specialized Care**

**Phone: 770-815-6853**

**katie@atlantaspecializedcare.com**

**Fax: 678-855-8953**

**www.atlantaspecializedcare.com**

**Locations**

- 6782 Jamestown Drive  
Alpharetta, Georgia 30005
  
- 1730 Mount Vernon Road, Suite G  
Dunwoody, GA 30338

**Education and Licensure**

Bachelor of Arts in Psychology from Southern Methodist University-May 1993

Bachelor of Science in Nursing from Medical College of Georgia-May 1996

Masters in Family Nurse Practitioner from Georgia State University-2014

Georgia State Board of Nursing Nurse Practitioner License-2014

Georgia State Board of Nursing Registered Nurse License-1996

Certification through Advanced Association of Nurse Practitioners-2014

**Experience**

After graduating from nursing school, Kathryn (Katie) worked as a medical-surgical nurse. After that, she did home health nursing and worked as the nurse at her children's elementary school. She then worked on a pediatric hematology-oncology unit at CHOA. Upon graduating with a nurse practitioner degree, she worked as a psychiatric NP with Dr. Barry Jones from 2014 until 2021 before joining Atlanta Specialized Care. Katie also worked part-time with Dr. Ann Groover at Groover Clinic in Calhoun, Georgia.

**“No Surprises” The Consolidated Appropriations Act of 2021/“Good Faith Estimate”**

**Session Fees/Explanations and Length of Service**

*For more information regarding your rights regarding the “No Surprises”/The Consolidated Appropriations Act of 2021:*

*“<https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>”*

- This Good Faith Estimate lists my rates for each provided therapeutic service. You ultimately determine how many sessions and which services you receive. You have a choice of mental health providers and may choose to terminate our relationship at any time. By signing this agreement, you agree to pay the fees listed below in full for all services rendered. If fees are not processed as discussed, see the above website for direction to file complaints or the licensure agencies listed at the bottom of this form.
  
- Cash, check, HSA, credit and debit cards accepted. \*Courtesy discount for cash/check payments.

**Fees, Codes, Descriptions:**

<b>90204</b>	<b>(60 minute initial intake)</b>	<b>\$516.25</b>	<b>(\$500.00)</b>
<b>90204T</b>	<b>(60 minute initial intake via telehealth)</b>	<b>\$516.25</b>	<b>(\$500.00)</b>
<b>90214</b>	<b>(30 minute follow up visit)</b>	<b>\$206.50</b>	<b>(\$200.00)</b>
<b>90214T</b>	<b>(30 minute follow up via telehealth)</b>	<b>\$206.50</b>	<b>(\$200.00)</b>
<b>90846</b>	<b>(30 minute family/no patient)</b>	<b>\$206.50</b>	<b>(\$200.00)</b>
<b>90846T</b>	<b>(30 minute family/no patient via telehealth)</b>	<b>\$206.50</b>	<b>(\$200.00)</b>
<b>90889</b>	<b>(report writing/letters/insurance forms)</b>	<b>\$8.33 per min</b>	

## **Use of Diagnosis**

Some health insurance companies will reimburse clients for mental health services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Any diagnosis made will become part of your permanent insurance records.

## **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our therapeutic relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information. I am a mandated reporter of abuse in the state of Georgia.

## **Code of Ethics**

Katie abides by the confidentiality and ethics regulations and licensing requirements set forth by the Georgia Board of Nursing.

## **Emergencies**

Please call office during business hours Monday through Friday and I will return your call within 24 hours. If your situation is urgent, please contact your primary care doctor or call 911. You can also go to the Emergency Department of the nearest hospital. If you are having an allergic reaction to medications such as skin rash, hives, itching, swelling, or difficulty breathing or swallowing, stop taking the medication and seek medication attention immediately. You may email me with non-urgent questions or concerns and I typically respond within 24 hours.

## **Complaints**

If you are unsatisfied with the care provided, please discuss with Katie. If not resolved, you may contact Tatiana Matthews. As a last resort, you can contact the organization below.

**Georgia Secretary of State**

<http://www.sos.ga.gov/plb/>

237 Coliseum Drive

Macon, GA 31217-3858

(478) 207-2440

## **Social Media**

Social Media/Internet Policy • I do not accept invitations from clients to personally network on social media sites. This is a common practice in my field and this policy helps to protect your privacy. If you have questions or concerns about this, please let me know. • It is my policy not to conduct Internet searches on my clients. I rely exclusively on the information clients have provided to me directly in our counseling work. However, in matters that could involve significant safety issues (both mental and physical), I reserve the right to use this source of public information.

## **Acceptance of Terms**

We agree to the above terms and will abide by these guidelines.

Client

Name: \_\_\_\_\_

Client/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse Practitioner

signature: \_\_\_\_\_

Date: \_\_\_\_\_