

Dr. Thomas A. Parker & Associates



INFORMED CONSENT

Dr. Thomas A. Parker & Associates' Counseling Service provides a variety of counseling, psychological and related services including individual, couples, group psychotherapy and counseling. Services are provided by or supervised by a staff of licensed professional counselors or psychologists. Some services may be provided by psychological and counselor trainees who are supervised by the professional staff.

1. The purpose of your first "Initial Consultation" appointment is to determine the services that will most help you. If you need information, the "initial screening session may be all you require. The concern that brought you in may be resolved at the conclusion of the interview. Your initial counselor may recommend a variety of learning experiences including: individual, couples, group counseling, referral for psychiatric evaluation, any of a variety of skill building workshops, or referral to a service or program outside of our agency.

If additional counseling is recommended, it may not be with your initial counselor. You may request counseling from a particular staff member. But that may entail waiting until his or her schedule permits an appointment. We will attempt to assist you in a timely fashion as possible.

2. The Service adheres to strict confidentiality according to federal and state laws. There may be rare exceptions to this policy if a client should express or report a specific and serious intent to harm him/herself or someone else. It is the legal duty of the therapist to warn the intended victim and proper authorities (including law enforcement agents). Counselors also have a duty to report cases of abuse where a minor or an elderly person, or a disabled individual is the victim of the abuse. Otherwise, information about your therapy can only be released with your written consent.
3. Our staff engages in in-house consultations as they are deemed to be in the best interest of the therapeutic relationship.
4. For training and supervision purposes. You may be asked to agree to audio/video taping. Tapes are erased after supervision is completed. Signing this agreement indicates your acceptance of taping.
5. Clients are requested to contact the Service no later than the day before their appointment if they wish to cancel or reschedule. Clients will be charged **the full rate** of the session if there is a **NO SHOW, and one-half rate for a late (less than 12 hours) cancellation.** If two (2) consecutive appointments are missed and you have not called to cancel or reschedule, your appointment time will **not** be held for you. An

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initial screening session will be necessary if you are interested in counseling after having two consecutive no shows for appointments.

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6. Appointments normally last **50** minutes.
7. The Service's staff is committed to offering quality services. You may receive a written survey to help us evaluate our services as well as a pre and post counseling measure to assess the benefit you have received from counseling. If we seek your evaluation of services the name of the service will **not** be identified on the envelope you receive.
8. **To call and re-schedule or cancel an appointment, please call ((770) 996-5297 or (770) 316-7475). For directions, you also may call (770) 371-5000. Thank you.**

Please be sure to bring your insurance card because we will need to make a copy of it.

Payments are due the day of the service. Clients are ultimately responsible for payments for all services performed.

I have read and understand the conditions listed above and agree to them. This informed consent information will be signed by your counselor and returned to you. Please keep your copy.

Client - Signature

Date

Dr. Thomas A. Parker, LPC, CCS

Counselor - Signature

Date

Websites:

www.drthomasaparker.com

www.stressrejectersnation.com

Email Addresses:

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THANK YOU.