



2308 Perimeter Park Drive  
Suite 100  
Atlanta, GA 30341

Atlanta Psychological Services, LLC

770-457-5577  
Fax 770-457-5599  
atlantapsychological.com

Check one:

rev 10-13-18

- J. Todd George, PsyD       Andrew Gothard, PsyD
- Carolyn Johnson, PhD       Yoshitaro Oba, PhD
- Jessenia Rodriguez, PsyD       Angela Stewart, PhD

## Communications Agreement

Client's name: \_\_\_\_\_

I understand that as part of my health care, the above named clinician and/or other employees of Atlanta Psychological Services will need to contact me from time to time for the purposes of reminding me of an appointment, relaying the tests results, or for other reasons. I understand that Atlanta Psychological Services LLC will use the minimum necessary information needed when they communicate with me indirectly. I understand that I can revoke or amend this agreement at any time. Any revocation or change will not apply to communications already complete.

*(PLEASE PRINT CLEARLY)*

***Check one for your preferred phone number for appointment confirmation:***

Home phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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E-mail: \_\_\_\_\_

***(For psychological evaluation reports, sending them encrypted within an email allows you to receive the report as soon as possible)***

I hereby authorize clinician and/or other employees of Atlanta Psychological Services to contact me in any of the above ways. I understand that Atlanta Psychological Services does NOT communicate via text messaging. By providing the telephone numbers above, I give permission for voices messages to be left.

\_\_\_\_\_  
Client's or legal Guardian's signature

\_\_\_\_\_  
Date