



748 Holcomb Bridge Road
Norcross, Georgia 30071
(770) 492-0005 (Office)

CONSENT TO RECEIVE PSYCHOLOGICAL SERVICES

WHAT TO EXPECT FROM TREATMENT:

Psychotherapy: Therapy can include several different activities, which varies from client to client. In general, Dr. Hamlin will assess your issues and then provide therapeutic services designed to resolve or reduce those issues. Therapy may include individual sessions and/or family sessions. Therapy may focus on feelings, thoughts, relationships, and/or behaviors. Given the nature of psychotherapy, there is no guarantee that it will yield specific results. However, with your active involvement and participation, Dr. Hamlin will work to achieve the best possible outcome for you.

Psychotherapy with children: Dr. Hamlin will assess your child's issues and work together with you to develop a treatment plan to resolve or reduce those issues. Therapy may include individual work with your child, discussions with you about ways to help your child outside of therapy, and/or family sessions. With young children, therapy generally will include play activities used as a means of understanding and communicating with your child. In order to build a therapeutic relationship and develop trust, your child will need to have some degree of privacy in his/her relationship with Dr. Hamlin. However, Dr. Hamlin will routinely provide information about your child's general progress in therapy, but you will not be informed about specific details of what is discussed in therapy sessions. You will be informed about any serious health or safety issues of which your child may be at risk, with the understanding that this determination will need to be made by Dr. Hamlin.

UNDERSTANDING PSYCHOLOGICAL TESTING:

Psychological testing: Psychological testing consists of a number of procedures for learning about the functioning of a client. These functions include cognitive abilities, academic learning, emotions, thinking, and behavior. Testing may examine some or all of these functions. Whenever possible, Dr. Hamlin will use standardized tests, based on research, that are known to produce reliable and valid findings. Dr. Hamlin sometimes may use nonstandardized tests, which are not research based, but still produce useful information about a client's functioning. The results of the evaluation will be integrated into a report and will include diagnostic impressions and recommendations for further direction.

CONFIDENTIALITY STATEMENT:

Currently, both professional ethics and law require therapists to maintain complete confidentiality in the vast majority of cases. In these cases, the therapist cannot release any information about you (your child's) Private Health Information (PHI) without your expressed permission. However, as a result of legal developments, there are some exceptions in which therapists are permitted to communicate information about therapy to outside parties. These exceptions include: (1) You allow Dr. Hamlin to release your (your child's) PHI with a signed release of information form; (2) Dr. Hamlin determines that you (your child) are a danger to self or others; (3) Dr. Hamlin receives information that a child, elderly person, or disabled individual has been abused or is at substantial risk for abuse; or (4) Dr. Hamlin is ordered by a judge to disclose information.

It should be noted that insurance companies reimbursing for psychological services will require information about these services. Therefore, if you are using insurance to pay for services, information will be released to your insurance company including dates of service, services provided, and diagnoses.

OFFICE POLICIES:

Therapy sessions with Dr. Hamlin are 50 minutes in length. If you arrive late, you will be seen for the remainder of your appointment time only. A parent or guardian must accompany minors for all appointments and remain in the office.

Dr. Hamlin will return telephone calls within 24 hours during the work week, unless you are experiencing an emergency. Telephone conversations are limited to 10 minutes otherwise you will need to make an appointment.

In the case of divorced parents, both parents are required to consent to treatment, except if one parent has sole custody. Parent(s) agree that Dr. Hamlin's role is limited to providing treatment only. Dr. Hamlin will not be involved in any legal disputes, especially disputes concerning custody or custody arrangements, parental fitness, visitation, etc.

FINANCIAL ARRANGEMENTS:

We will follow your instructions to assist you in obtaining insurance reimbursement for our services. However, the final responsibility of paying for treatment is yours. This means that if insurance does not provide the reimbursement you expect, the full balance is your responsibility. There is a returned check fee of \$30.

CANCELLATION POLICY:

If you do not show for an appointment or cancel with less than 24 hours notice, then you will be financially responsible for that session; insurance companies do not reimburse for missed sessions. Repeated missed appointments may result in my termination as a client.

My signature on this form indicates the following:

- **I have read, been advised of, and understand the above information and I consent to psychological services under these conditions.**
- **I authorize the release of medical or other information necessary to process insurance claims.**
- **I authorize payment of medical benefits to Dr. Hamlin for psychological services rendered.**
- **I acknowledge that I have read and understand the HIPAA Notice Form.**

ADULT CLIENTS:

Client Name (Please print)

Date: _____

Client Signature

CHILD CLIENTS:

Parent/Legal Guardian (Please print)

Date: _____

Parent/Legal Guardian Signature

Witness Signature

Date: _____