

INFORMATION SHEET AND CLIENT AGREEMENT

The assessment you have asked me to do will result in a recommendation as to whether or not you will need a referral for substance abuse education/treatment. The following information is provided to outline my qualifications in providing this assessment and also outlines the rights you have as a client.

Professional Qualifications

Academic Preparation

- M.S. in Counseling, Georgia State University 1987
- B.A. in Psychology, University of Illinois - Springfield Campus 1990

Licenses and Certifications

- Licensed Professional Counselor, License #1453 (Georgia)
- Certified Employee Assistance Professional #4046
- National Certified Counselor #46754
- Master Addictions Counselor #46754
- Substance Abuse Professional (SAP) for Dept. of Transportation

Memberships in Professional Organizations

- American Counseling Association
- National Board of Certified Counselors
- Licensed Professional Counselors Association
- North Georgia Chapter Employee Assistance Professionals Association
- The Psychotherapy Guild

Fee - Attorney/Probation Officer Evaluations

Evaluations are \$250.00 which includes the clinical interview time, testing, and written report which requires several hours to complete. This fee is subject to a \$50.00 surcharge if the report is required within 14 days from the interview date and my schedule permits a short notice appointment.

Records and Confidentiality

All of our communication becomes part of the clinical record. I will keep confidential anything you say to me with the following exceptions: 1) If I determine that you are a danger to yourself or others, I will take the necessary safety precautions; 2) If I determine that a child is being hurt, I will report it to the proper authorities; 3) If I am ordered by a court to disclose information, I must do so.

Aside from those exceptions noted above, communication to others will only be made with proper consent from you which is typically called a "Release of Information" and involves having you sign a "Release of Information" form. I will request that you sign a release in order for me to forward the results of your evaluation to the treatment center you choose, your attorney, or your Probation Officer if you have one.

Client Bill of Rights

As a client, you are entitled to certain rights. Below is an outline of those rights.

1. You have the right to be treated with dignity and respect.
2. You have the right to have an evaluation in a safe setting.
3. You have the right to see the results of your evaluation.
4. You have the right to refuse to answer any question or give any information you do not wish to give, however, if that information is clinically relevant to the evaluation in my judgement, it could impact the outcome of your evaluation in terms of treatment required. Be mindful that the purpose of this evaluation is to assist in proper placement for treatment.
5. You have the right to know about your Evaluator's experience and training.
6. You have the right to refuse the Evaluation or any test of any kind. Please be reminded, however, that there may be legal problems when you stop or refuse any ordered evaluation, test or treatment.

If you feel that any of these rights have been violated, you may contact me directly so that any problems you have can be dealt with.

By signing this Agreement you are affirming that you are seeking an evaluation as either required by your attorney or another Officer of the Court. The results of this evaluation will be sent to the recipient of your choice per your signed consent.

By signing this Agreement you are also acknowledging that you are paying for an evaluation and a clinical opinion which does not guarantee any particular outcome.

Signature

Date

Printed Name

Clinical Evaluator

Date