WMH Professional Counseling & Assessment Services, Inc.
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Atlanta, Georgia 30345-4302
770-242-4437

INFORMATION SHEET AND CLIENT AGREEMENT

The clinical evaluation you have asked me to do will result in consideration of level-appropriate care and referral to an approved DHR Treatment Provider resource. 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 - DHR Clinical Evaluations

Risk Reduction Program clinical evaluations through the Department of Human Resources are $150.00 per evaluation and are non-refundable. If the evaluation is also needed by a Probation Officer or attorney, a separate surcharge of $25.00 will be required to adjust the report format.

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. This release will cover communications to the Georgia Department of Human Resources and the Multiple D.U.I. Offender Program and will advise of the treatment recommendations required. The release will also cover the Georgia Department of Public Safety or Motor Vehicles Department, or any other Public Safety Department or Motor Vehicle Department in another state which may be involved.

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 the Georgia Department of Human Resources, your attorney, or an Officer of the Court. The results of this evaluation will be sent to the recipient of your choice per your signed consent and will include the GA Dept. of Human Resources if you are a Risk Reduction client.

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.

Your signature also acknowledges that you have been directed to an approved Registry list of Treatment Providers in your county of residence or choice and have not been influenced to choose any particular provider listed. The DHR has a website - www.garrp.dhr.state.ga.us. where you can choose a Treatment Provider by selecting the "Multiple Offender" link. Please be sure to call the provider prior to advising me of your selection to ensure that they are still participating in the program.

If you do not choose a Treatment Provider within 60 days from the date of this agreement, you may be subject to a re-evaluation by the Treatment Provider upon program enrollment.

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Signature Date

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Printed Name

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Clinical Evaluator Date