



## Tucker and Associates

Tucker and Associates Psychotherapy and Coaching  
1226 Royal Drive Conyers, Ga 30094 ~ 1417 Dutch Valley Place ~Atlanta, GA 30324  
770-789-0847

### **Information, Authorization, and Consent to Treatment**

#### Confidentiality and Professional Records

Our practice is in compliance with both legal and professional standards for the maintenance and storage of treatment records. Your communications with your therapist at our practice will become part of a clinical record of treatment, which is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet at our office. Our practitioners will keep your information and disclosures completely confidential with the following exceptions as required by law and the nature of our professions:

- Client requested communication authorized by completion of Release of Information
- Concerns about abuse or neglect of a child, elderly or disabled person
- Perceived immediate risk of suicidality or homicidality (this may prompt appropriate several actions, including alerting police, warning potential victim, contacting supportive family members or emergency contact person, or seeking hospitalization of client)
- Court order or subpoena

In the case of the latter, a psychotherapist's license provides him or her with the ability to uphold what is legally termed "privileged communication;" this refers to your right as a client to have a confidential relationship with a counselor. The State of Georgia has a very good track record in respecting this legal right.

Please note that in couple's counseling, your therapist does not agree to keep secrets between partners. While you have a right to individual privacy, any information shared with the therapist that

may be detrimental to the other partner, the relationship as a whole, or effectiveness of therapy will not be kept secret. If one partner discloses such information to the couple's therapist, the therapist will conclude that either that partner would like help learning how to share the information with the other partner in session, or is ready to terminate the existing relationship and receive a referral to another couple's therapist.

If at any time, you wish to receive information from your official client record, please make this request to your therapist. Clients will be charged for any professional correspondence based on provider's time spent and/or record duplication requested pursuant to GA Code OCGA 31-33-3 and the Georgia Office of Planning and Budget.

### Treatment of Minors

By law, legal guardians are entitled to full access to the records of a minor client including health information regarding session content. Parents without legal guardianship have no legal rights to records and are bound by the parameters of standard confidentiality laws. A collaborative and supportive relationship between child, therapist, and custodial caregiver is often the most effective way to support the healing and recovery of minor clients, and will be encouraged. At the same time, it is necessary, especially in the treatment of adolescent and teen clients, that the minor feel that their sessions and the information disclosed therein is private; thus it is helpful if session content is allowed to be kept private between minor and treating provider, unless provider deems there to be a safety risk to minor client. If a safety risk or significant health concern ever becomes apparent, the treating provider will make all reasonable efforts to prepare the minor client to disclose the concern to the legal guardian; if the minor client is not able to do so, at that time provider will make the disclosure on behalf of the minor client.

### Availability and Emergency Contact

Our practice is an outpatient group practice. As a rule, we do not carry pagers and are not available 24 hours a day, 7 days a week. Each therapist within our group practice has different availability and will communicate with you about that directly and specifically. If at any time, you feel that the availability we have to offer does not provide sufficient support for you, please discuss this with your therapist and he or she can discuss additional resources which may be of help to you or transfer your case to a therapist or clinic which is able to provide 24-hour support. Generally, our providers will return your telephone calls within 48 hours unless other parameters or exceptions have been previously discussed.

IN THE CASE OF AN EMERGENCY, PLEASE CONTACT:

- Ridgeview Institute (770-434-4567) or Peachford Hospital (770-455-3200)
- The GA Crisis and Access Line (1-800-715-4225)
- 911

- Or go to your nearest Emergency Room.

Electronic Communication and Use of Technology

Our practice is dedicated to taking the precautions necessary to protect your confidential information. Frequently, e-mail, text or other forms of electronic messaging can be helpful tools for communicating between sessions regarding non-clinical issues such as scheduling and other logistics. Our practice acknowledges, however, that these forms of communication are not always completely secure methods of communication, and therefore cannot guarantee client confidentiality via any of these methods.

Electronic communication may be used to initiate and obtain information about therapeutic services, schedule appointments, transmit documents, and similar purposes initiated by the therapist. Electronic communication is not an appropriate means of terminating services or contacting therapist in the event of a crisis situation whereby your safety or the safety of others may be at risk. Please also do not use electronic communication to bring up any therapeutic content or issues. All email correspondence will be printed and kept as part of your clinical record. In an effort to maintain the professional nature of our relationships, our therapists do not accept requests from current or former clients on personal social networking sites.

**By signing below, you indicate that you have read the Client Consent for Treatment, have been informed of the parameters of confidentiality as they apply to you, agree to the policies represented therein, and consent to abide by those policies and to engage in treatment with our practice.**

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Printed Client Name

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Client Signature

Date

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Parent/Legal Guardian Signature (if applicable)

Date