

**Tyler Wilkinson, Ph.D., LPC, NCC, ACS**  
**3495 Piedmont Rd. NE | Building 11 | Suite 708**  
**Atlanta, GA 30305**

### **Declaration of Practices and Procedures**

**THIS NOTICE DESCRIBES HOW MEDICAL/MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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**Qualifications:** I obtained a Doctorate of Philosophy (Ph.D.) from Auburn University in Counselor Education and Supervision. I also hold a Master of Arts degree in Marriage and Family Counseling. I am Licensed as a Professional Counselor (LPC #008029) by the State of Georgia. I am a Nationally Certified Counselor (NCC) and Approved Clinical Supervisor (ACS) as credentialed by the National Board of Certified Counselors. I am a member of the American Counseling Association (ACA), the Association for Humanistic Counseling (AHC), and the Association for Counselor Education and Supervision (ACES).

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**The Counseling Relationship:** Each person who seeks counseling comes with unique experiences and concerns. The relationship of the counselor to the client will be characterized by professional dignity, expertise, warmth and acceptance. Individual, marital, family and group counseling is a learning process and a process of change and growth that seeks for the persons involved to better understand themselves and others. Clients must make their own decisions regarding such things as deciding to marry, separate, divorce, reconcile and how to set up custody and visitation. That is, I will help you think through the possibilities and consequences of decisions, but my Code of Ethics does not allow me to advise you to make a specific decision.

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**Areas of Expertise:** My training and experience provide me with the ability to assist with concerns including, but not limited to, anxiety, depression, adjustment problems, stress, grief, behavior problems, crisis situations, addiction, relationship concerns, and sexual issues. The majority of my expertise as dealt with clients focusing on marital distress, infidelity, sexual issues, addiction, and anxiety/depression.

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**Fees and Length of Therapy:** The fee for a session is \$125. I am also an in-network provider for Aetna, Blue Cross/Blue Shield of Georgia and Cigna. I may, at times, reduce my fees. Please discuss this with me at any time. All fees are to be paid at the time of service to Tyler Wilkinson, Ph.D., LPC. No fee will be charged if you cancel your appointment more than 24 hours in advance. However, since 50 minutes has been set aside for you, the usual cost will be charged if you fail to keep a scheduled appointment without giving prior notice. Predicting how many sessions will be needed is difficult. I will be better able to discuss the probable number of sessions after we have explored and gained insight into your particular situation. You are responsible for all payments and remaining balances should your insurance provider not cover services. Payments in arrears of over two sessions will result in the cessation of therapy until payments are made current; further, payments in arrears of over 90 days may be turned over to a collection agency. If making payments becomes difficult please discuss this with me and I will be happy to explore options to make payments more feasible.

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**Services Offered and Clients Served:** My therapeutic orientation stems from the belief that individuals are driven toward relationships. My approach to counseling may draw from any of the following therapies based on the unique needs of the client: Emotionally-focused therapy, systems theory, humanistic theory, Existential therapy, cognitive therapy, and Gestalt therapy. When appropriate, I may introduce alternative therapies for your unique situation including, but not limited to self-help programs, stress management, 12-step programs, support groups, and bibliotherapy. I provide therapy for individuals, couples, and families. I work with adolescents and adults.

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**Code of Conduct:** I am required by law to adhere to the Code of Conduct for Licensed Professional Counselors that has been adopted by the the American Counseling Association and the Code of Ethics adopted by Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. They can be contacted at 237 Coliseum Drive Macon, Georgia 31217. A copy of these Codes is available on request.

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**Emergency Situation/ Absences:** The nature of my work with you is that of outpatient psychotherapy services and I do not provide 24-hour emergency services. If you need to contact me, you can call me at 470.210.7797. If I am unavailable to speak to you, you may leave a message at this same number. If you are unable to contact me or if your emergency requires urgent care, you and your family members are instructed to contact a local medical or psychiatric hospital or call 911.

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**Confidentiality:** Counselors have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Counselors respect and guard the confidences of each individual client. I will disclose to clients and other interested parties, as early as feasible in their profession contacts, the nature of confidentiality and possible limitations of the client's right to confidentiality. I will review with the clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Exceptions of confidentiality are listed in the Notice of Confidentiality Form. Circumstances may necessitate repeated disclosures.

When providing couple, family, or group treatment, the counselor does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple or family therapy, I will use my own professional judgment as to the degree in which I disclose information from individual sessions in the couple sessions. I will not keep secrets and will work with the secret holder to share information to further therapeutic goals, also I reserve the right to pass on information that I deem important to reach therapeutic goals. Please note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without your consent.

I will store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards. Subsequent to moving from the area, closing the practice, or upon my death, I will arrange for the storage, transfer, or

disposal of client records in ways that maintain confidentiality and safeguard the welfare of the clients. All client files are kept in our office in a locked file cabinet. Files are kept for 10 years and when files are disposed of, they will be completely destroyed in such a way that there is no identifiable information.

Finally, when consulting with my supervisor, colleagues, or referral sources, I will not share confidential information that could reasonably lead to the identification of a client, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of consultation and supervision.

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**Client Responsibilities:** You, the client, are an integral part of the counseling process. Therefore, it is expected that the client make a valiant effort at personal growth and to place a high priority on the counseling process. Success is highly dependent upon your effort. Should questions or concerns arise during the counseling process, I anticipate that you will share them with me so that we can make the necessary adjustments. Suspension, termination, or referral may be initiated by either the counselor or the clients. This decision shall be discussed between the counselor and the client to explore in detail the nature of the therapeutic relationship including any unresolved conflict or dilemmas between the counselor and the client, the best way to meet the needs of the client, and the effort and commitment of the client to the counseling process. Clients make their own decisions regarding matters such as marriage, separation or divorce, etc. Clients seeking therapy in conjunction with another ongoing professional mental health relationship must first be granted permission by the first therapist before the second can work with the same client. Clients who wish to terminate therapy agree to first meet with this therapist before making the final decision. Termination can be a useful, constructive process and deserves appropriate attention. Due to an inherent conflict of interest on the part of the therapist who is working with a couple, an individual coming for help in resolving relationship problems with a spouse also agrees to refrain from subpoenaing this therapist for testimony in the event that court proceedings develop at a later date. Clients are expected to pay for all fees at the time of service. Clients are responsible for any fees not covered by their insurance provider. Clients are expected to give at least a 24 hours notice of canceled appointments. Clients may request a copy of their records at any time.

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**Interruptions in Therapy:** Occasionally there will be interruptions in therapy either because of vacations, illness or other personal reasons. In the event of a planned interruption, I will notify you as far in advance as possible. In the event of an unplanned interruption, I will notify you as soon as possible and provide information regarding rescheduling your appointment or, if the interruption will be extended, information on another contact with whom you may meet in the event of an emergency or for continued care.

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**Physical Health:** Physical health is very important to an individual's emotional well-being. It is highly encouraged that clients have a complete physical examination if they have not done so in the past year. During the first session, the client will be asked his or her physician's name and any medications that are currently being taken. Please note that I am not a medical doctor and can not prescribe medication.

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**Potential Counseling Risks:** The client should be aware that psychotherapy may be tremendously beneficial for some individuals; however, it should be noted that counseling poses some potential risks as well. Over the course of counseling the client may experience problems that he/she was not initially aware of. Some of these risks include: emergence of hidden traumatic memories, strain placed on a relationship due to a partner refusing to work, modification of an individual's ability to desire to deal harmoniously with others in relationships, profound unwanted feelings; please note that such feelings, however, may be a natural and normal part of the therapy process. Counseling frequently will result in the client making significant life decisions, such as: reconciliation or separation of family members, changes in employment settings, etc. I will be happy to discuss any of your concerns, problems, or possible negative side effects of our work together. Though I cannot foresee all potential risks, I will attempt to inform you of expected potential risks specific to our work. I cannot guarantee a positive outcome to our work.

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**Please Ask Questions:** Please feel free to ask questions anything that has not been addressed in the previous paragraph.

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**I have read the above information and agree with the stated Terms And Conditions**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
the signature of the custodial parent or guardian is required for clients under 18 years of age