

# Disclosure and Informed Consent

Welcome to our practice! I appreciate the opportunity to work with you and am committed to providing you with the best care possible. Tiffany Conyers, Therapist and Clinical Director is a Licensed Clinical Social Worker in the state of Georgia engaged in a private practice providing mental health services to clients directly. She is qualified to work with individuals, adolescents, children, and families who are confronting various personal, emotional, social and behavioral issues. My areas of expertise include women's issues, postpartum depression and anxiety, anxiety, depression, attachment therapy, breastfeeding support and education, abuse, trauma, self-esteem, anger, adjustment, and family issues. I also have history and experience working with children and adolescents in the areas of trauma, abuse, divorce, anxiety, depression, and life changes.

## 1. Nature of Counseling

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We provide a safe and comfortable therapeutic environment for my clients. We help clients work through their struggles effectively at their own pace, while using their own strengths. Using a direct, yet supportive approach, we are dedicated to working with all types of women and their unique needs. We focus on improving coping skills and releasing negative thoughts, beliefs, and behaviors. It is my goal for clients to feel empowered during this therapeutic journey, so it is important to work collaboratively. We will explore the client's feelings, thoughts, behaviors and perceptions and help them understand how their behavior is directly related to their views on self, others and the world.

## 2. Values

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**Quality and excellence.** We shall require quality and excellence in everything we do: customer service, performance, management of my business, professionalism, service to the community and financial results.

**Integrity.** We shall be honest, fair, and consistent, living up to both the letter and spirit of honorable conduct. Mutual trust will be the foundation of all my relationships.

**Client Satisfaction.** We shall constantly seek to understand the needs of my clients to provide superior services to meet those needs and to earn the clients trust, respect and confidence.

**Innovation.** We shall commit ourselves to continuously improve our processes and services to satisfy clients.

**Honesty.** We shall be open and truthful in communication with our clients in recognizing successes and weaknesses and will ask for others input to help us improve.

### 3. APPOINTMENTS

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Appointments: Appointments can be made several different ways:

- Online at [www.maternalinsync.com](http://www.maternalinsync.com) under the "Online Appointment" tab
- Calling 678-310-3012
- Via email at [maternalinsync@gmail.com](mailto:maternalinsync@gmail.com)
- Rescheduling when you are in the office

In the event that you will not be able to keep an appointment, please notify me at least 24 hours in advance. Otherwise, you will be billed the customary fee, \$75 for the missed appointment. Please be advised that insurance does not pay for canceled or missed appointments. Therefore, you are responsible for the entire fee.

Please initial \_\_\_\_\_

### 4. RECORDS AND CONFIDENTIALITY

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Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. According to GA law, possible exceptions include but are not limited to the following situations:

- I believe any information revealed in session indicates physical, sexual, or emotional abuse or illegal neglect of children, or abuse, neglect, or exploitation of elderly or disabled persons.
- I believe you or your child is a danger to yourself or others.
- I am ordered by the court to disclose information.
- You (parent or legal guardian) sign a written consent.
- If you or your child receives concurrent services from another practitioner, we are both obligated to disclose our involvement to one another.
- I learn of sexual exploitation by another mental health services provider.
- If you submit claims to your insurance company, they may require information about your treatment. .

Please initial \_\_\_\_\_

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## 5. CLIENT ACCEPTANCE

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I have read this document, understand the content, accept the terms, and have received a copy of this agreement. I consent to therapy with Maternal inSync, LLC and Tiffany T. Conyers, MSW, LCSW under the terms described above.

Client Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent/Guardian if client is minor:\_\_\_\_\_

Date\_\_\_\_\_

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Therapist Signature

\_\_\_\_\_  
Date