

For Office Use Only:

Client Number: _____

PASTORAL CARE ASSOCIATES
863 Sparkleberry Road, Evans, Georgia 30809

INFORMED CONSENT FORM

This is to certify that I give permission to: _____
to provide psychotherapy treatment for myself and/or my child (ren).

I will be treated with respect and honesty throughout treatment.

I am expected to benefit from treatment, but there are no guarantees. Psychotherapy does not have significant risks. Maximum benefits will occur with regular attendance, but I understand that I may feel temporarily worse while in treatment.

I understand that, as a professional, the psychotherapist is expected to stay in consultation. While under most circumstances all communication between the client and the therapist (with the exception of consultation) is confidential. Georgia and South Carolina State Law mandate the reporting of actual or suspected child or elder abuse to the appropriate agency.

It has also been upheld that if individuals intend to take harmful or dangerous action against themselves or others, it is the therapist's duty to warn the person/or the family of the person who is likely to suffer the results of harmful behavior and take protective action if there is imminent danger.

Every reasonable effort will be made to appropriately resolve these issues or to notify the client before such a compromise of the client-therapist relationship is made.

I have the right to terminate the therapeutic relationship at any time I should desire without fault. I understand that referrals will be made available if I request them.

I understand I am financially responsible for this treatment and for any balance not covered by my insurance carrier. If I am unable to keep an appointment, I will give 24 hours advance notice. I understand I will be charged for missed appointments and failure to give advance notice. When insurance is involved, I will pay the full amount for the missed session, rather than the insurance carrier.

A copy of this authorization shall be considered valid.

I have received and read the therapist biographic sketches below:

Client Initials

Signature of Responsible Adult

Date

Signature of Therapist

Date

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Biographic Information

Stanley G. Roat, M. Div., M.S.

Licensed Marriage & Family Therapists (SC #611, GA #508)

Licensed Professional Counselor (SC Retired, GA #1173)

Supervisor PC (SC # 929-Retired)

Diplomate, AAPC- Retired

Clinical Member, American Association Marriage & Family Therapy

Life Member, American Association of Pastoral Education

1. I received a Bachelor's degree in psychology from Cincinnati University in 1956, and a Master's degree in Divinity from McCormick Theological Seminary in 1961. I received a Master's in Science degree from Long Island University in 1972. I have done extensive clinical training – Elgin State Hospital, 1959-1960 and Central Islip State Hospital, Long Island, 1972-1974.
2. I became a Diplomate in the American Association of Pastoral Counselors and a Clinical Member of the American Association of Marriage and Family Therapists. I became a Fellow of the College of Chaplains in 1983 and a Member of Transactional Analysis Association in 1976. I became a Full Supervisor in the Association for Clinical Pastoral Education in 1975 (and a Life Member in 1982). I became an Advanced Member of the Institute of Pastoral Care in 1960. I have recently retired from some of these organizations.
3. I participate in numerous continuing education events each year.
4. I view participation in therapy as a sign of hope for the future. By working toward a greater understanding of self and our relationships, I believe a healthier lifestyle will be achieved.
5. I do not have all your answers. I see my role as one of providing a safe place for you to discover the information you are seeking. I utilize family systems theory and psychodynamic theory in my work, and believe process precedes progress.
6. By staying involved in the therapeutic journey, I will maintain an awareness of my issues. This allows me to remain “clear” with you, and keep my issues out of your space.
7. Seeking to resolve issues therapeutically can lead to discomfort and change. Intense feelings can be aroused during the exploration process. I celebrate your courage!

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Biographic Information

Susan B. Schuster, MSW

Licensed Clinical Social Worker (GA #00 1789)

Licensed Independent Social Worker-Administrative Clinical Practice (SC #00670 1)

Life Member, American Association of Pastoral Education

1. I received a Bachelor's degree in Political Science from North Carolina State University and a Master's Degree in Social Work from the University of South Carolina in 1988.
2. I am a member of the National Association of Social Workers and the South Carolina Society of Clinical Social Workers.
3. I have had clinical experience that includes work with juveniles, geriatrics, chronic mental illness, marriage and families, grief issues, and with individuals seeking growth and change.
4. I participate in numerous continuing education events each year.
5. I view participation in therapy as a sign of hope for the future. By working toward a greater understanding of self and our relationships, I believe a healthier lifestyle will be achieved.
6. I do not have all your answers. I see my role as one of providing a safe place for you to discover the information you are seeking. I utilize family systems theory and psychodynamic theory in my work and believe process precedes progress.
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