



## Consent for Treatment

**Full Name** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address (optional)** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Phone Number** \_\_\_\_\_

**Relationship to You** \_\_\_\_\_

### 1. Consent to Services

I understand that I am voluntarily engaging in free support services with Tyler Zenz, MA, LAC, GC-C through *Stay and Talk*. These services may include individual counseling, peer support, and/or substance use assessments. I understand these services are not a substitute for medical or psychiatric care.

### 2. Confidentiality

I understand that all information shared during sessions is kept confidential, except in the following situations:

- If I express intent to harm myself or someone else
- If there is suspected abuse or neglect of a child or vulnerable adult
- If records are subpoenaed by a court of law
- If I give written consent through a signed Release of Information (ROI)

Outside of these exceptions, my information will not be shared with anyone without my permission.



### **3. Telehealth Agreement**

I understand that services may be provided through video call, phone, or in person (if available). I agree to participate in services through the method I am most comfortable with.

### **4. Scope of Services**

I understand that *Stay and Talk* offers support services free of charge. Services are intended to provide emotional support, addiction counseling, grief support, and guidance. No mental health diagnoses or medication management will be provided.

### **5. Eligibility**

- I confirm that I am 18 years or older.
- To avoid conflicts of interest, you confirm that you are not currently engaging in inpatient, outpatient, or other formal treatment services elsewhere.

### **6. Voluntary Participation**

I understand that I can pause or stop services at any time, and I may request to end services for any reason, without penalty.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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*For official purposes:*

Counselor signature \_\_\_\_\_

Date received \_\_\_\_\_