

Clinician name: Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900

Email: Tyler@stayandtalk.com

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.

Clinician name: Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900
Email: Tyler@stayandtalk.com

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 _____

For official purposes:

Counselor signature _____

Date received _____