

Clinician name: Tyler Zenz, MA, LAC



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 through *Stay and Talk*. These services may include individual counseling, 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.

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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.

Preferred platform (Zoom, Teams, FaceTime, phone call, etc.) _____

4. Scope of Services

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

5. Eligibility

I confirm that I am 18 years or older.

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 _____