

Adult Intake Packet



STAY AND TALK
LLC

Tyler Zenz, MA, LAC, GC-C
Licensed Addiction Counselor
Certified Grief Counselor
Certified Peer Support Specialist



Professional Disclosure & Informed Consent

Counselor Information:

Name: Tyler Zenz

Professional Licensures

Licensed Addiction Counselor (LAC) – South Dakota

Licensed Alcohol and Drug Counselor (LADC) – Minnesota

Substance Abuse Counselor (SAC) – Wisconsin

Certifications

Certified Grief Counselor

Certified Peer Support Specialist

Special Trainings

Moral Reconciliation Therapy

Motivational Interviewing

Cognitive Behavioral Therapy

Stay and Talk provides counseling and support related to:

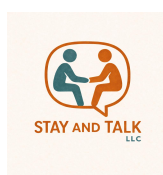
- Substance use and recovery
- Grief and loss
- Trauma
- Mental health concerns
- Stress and life transitions
- Personal growth and emotional wellness

Nature of Counseling

Counseling is a collaborative process in which clients explore personal concerns, develop insight, and work toward healthier coping strategies.

Counseling may involve discussing difficult emotions, past experiences, relationships, and behavioral patterns.

While many clients experience meaningful improvement, specific outcomes cannot be guaranteed.



No Guarantee of Outcomes

Counseling can be a helpful process for many individuals and families. However, counseling outcomes cannot be guaranteed. Progress depends on many factors, including the client's participation, readiness for change, outside circumstances, and the nature of the concerns being addressed.

While the counselor will make every effort to provide professional support and appropriate services, specific results or outcomes cannot be promised or guaranteed.

Communication and Response Time

Stay and Talk is not a crisis service. Messages such as phone calls, emails, or other communications will be returned as soon as reasonably possible; however, response times may vary depending on time and day of the week. Services are not available during regular Monday-Friday business hours, unless otherwise arranged in advanced.

Messages may not be monitored outside of normal working hours.

Voluntary Participation

Participation in counseling services is voluntary.

Clients may discontinue counseling at any time for any reason. The counselor may also recommend referral to another provider if services fall outside the scope of practice or if another provider may better meet the client's needs.

Confidentiality

Information shared during counseling is confidential except when disclosure is required by law. Situations where confidentiality may be broken include:

- Risk of harm to yourself
- Risk of harm to others
- Suspected child abuse or neglect
- Court orders or legal requirements

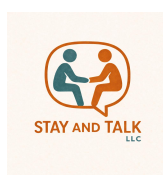
If possible, confidentiality concerns will be discussed before disclosure occurs.

Public Contact and Privacy Policy

Your privacy and confidentiality are very important. Because of this, if I see you or your family in a public place (such as a store, restaurant, community event, or other public setting), I will not approach you or acknowledge that we know each other.

This is not intended to be rude or unfriendly. The purpose is to protect your privacy and avoid revealing that you or your child may be receiving counseling services.

If you choose to approach me in public and say hello, I will respond; however, I will keep the interaction brief and will not discuss any counseling-related matters in public settings.



Fees

Stay and Talk currently provides free counseling services. Please see below for further details.

Emergency Situations

Stay and Talk does not provide crisis services.

If you are experiencing a crisis or mental health emergency, please contact:

911

988 Suicide & Crisis Lifeline

Local emergency services

Licensure and Scope of Practice

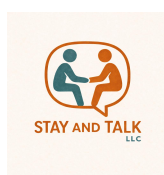
Due to licensing regulations that vary by state, I am only able to provide formal clinical services, including substance use assessments and counseling, in states where I currently hold an active professional license. If you reside in a state where I am not licensed, I am unable to provide clinical services; however, I can offer peer support and general guidance based on my experience in recovery and behavioral health. Peer support services do not constitute clinical treatment or therapy and are intended to provide encouragement, shared experience, and support.

Please note that I am unable to provide mental health diagnoses, medication management, or guidance regarding psychotropic medications.

Eligibility

To avoid conflict of interest, please disclose any current treatment services you are receiving so that coordination and appropriateness of care can be considered.

Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900

Email: Tyler@stayandtalk.com

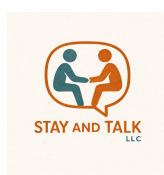
Insurance and Billing Notice

Stay and Talk, LLC currently provides counseling services free of charge.

Stay and Talk does not bill insurance and does not provide documentation for insurance reimbursement.

Clients and families should be aware that counseling services provided through Stay and Talk are not submitted to insurance companies and are not part of an insurance billing system.

This is subject to change in the future; however, individuals will be informed **no less than 6 months in advance** prior to any changes being made. Even if Stay and Talk begins to charge for services, you will continue to receive services free of charge for six months from the day you were notified.



Intake Form

Full Name: _____

Date of Birth: _____

Marital Status: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Preferred Method of Contact:

_____ Phone

_____ Text

_____ Email

Emergency Contact

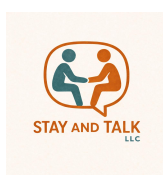
Name: _____

Relationship: _____

Phone Number: _____

Reason for Seeking Counseling

Please briefly describe what brings you to counseling:



Mental Health History

Have you previously received counseling or therapy?

Yes

No

If yes, please describe (*when, where, was it effective?*):

Have you ever been hospitalized for mental health concerns?

Yes

No

Are you currently taking any mental health medications?

Yes

No

If yes, which medication(s) are you currently taking, and for which diagnoses? for which diagnoses?

Grief and Loss History

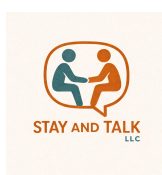
Because Stay and Talk also provides grief counseling, please indicate if you have experienced any significant losses:

Death of a loved one

Divorce or relationship loss

Loss related to addiction or recovery

Loss of employment or major life change



Traumatic loss

Other: _____

Substance Use History *(If Applicable)*

Please indicate substances are currently used or previously used:

Alcohol

Cannabis / Marijuana

Stimulants (methamphetamine, cocaine, etc.)

Opioids

Hallucinogens

Other: _____

Date of Last Use: _____

Safety Screening

Have you ever experienced:

Thoughts of suicide?

Yes

No

Self-harm behaviors?

Yes

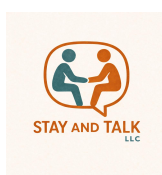
No

Thoughts of harming someone else?

Yes

No

If yes, please explain:



Telehealth Consent Form *(If Applicable)*

Telehealth counseling involves providing counseling services through secure video, phone, or other electronic communication methods. This allows clients to participate in counseling remotely when in-person sessions are not available or preferred. However, technology failures or confidentiality risks may occur despite efforts to protect privacy.

Telehealth is not appropriate for emergencies.

Benefits of Telehealth

- Increased access to counseling services
- Convenience and flexibility
- Reduced travel time

Risks of Telehealth

- Technology failures or interruptions
- Possible security risks despite efforts to protect confidentiality
- Reduced ability to respond immediately in emergencies

Confidentiality

Telehealth sessions will be conducted using platforms designed to protect privacy whenever possible. However, clients should understand that electronic communication carries some inherent risks. Clients are encouraged to participate in telehealth sessions from a private location to protect their own confidentiality.

Emergency Situations

Telehealth counseling is not appropriate for emergency or crisis situations.

If a mental health emergency occurs, please contact:

911

988 Suicide & Crisis Lifeline

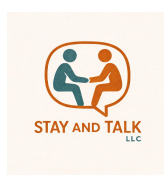
Local emergency services

Client Responsibilities

Clients agree to:

- Provide accurate contact information
- Ensure a private location for sessions
- Inform the counselor if technology issues occur

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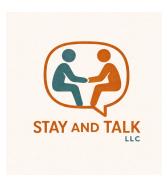
Consent for Telehealth Services

By signing below, I acknowledge that I understand the nature of telehealth services and consent to receiving services through telehealth when appropriate.

Telehealth acknowledgement

Signature _____

Date: _____



HIPAA Privacy Acknowledgment

Purpose of this notice

This notice briefly describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

Stay and Talk, LLC is committed to protecting the privacy and confidentiality of your personal and health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Uses and Disclosures of Your Information

Your protected health information may be used or shared for the following purposes:

- Treatment
- Information may be used to provide counseling services, coordinate care, and support treatment planning.
- Legal Requirements

Information may be disclosed when required by law, including:

- Suspected child abuse or neglect
- Threats of harm to yourself or others
- Court orders or subpoenas

Mandated Reporting Notice

As a licensed counselor, I am a mandated reporter under state law. This means that if there is reasonable suspicion of child abuse, child neglect, abuse of a vulnerable adult, or imminent danger to the client or others, I am legally required to report this information to the appropriate authorities.

Emergencies

Information may be shared when necessary to prevent serious harm or in a medical emergency.

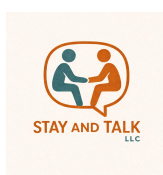
Administrative Purposes

Basic information may be used for scheduling, record keeping, and internal practice operations.

Your Rights Regarding Your Information

You have the right to file a complaint if you believe your privacy rights have been violated. Requests should be made in writing.

Tyler Zenz, MA, LAC, GC-C



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Confidentiality of Substance Use Treatment Records

Federal law and regulations (42 CFR Part 2) protect the confidentiality of substance use disorder treatment records. Information identifying a client as receiving substance use counseling services may not be disclosed without the client's written consent except as permitted by federal law.

This means that information related to substance use treatment generally cannot be shared with others, including family members, schools, employers, or other providers, without written authorization from the client or their legal guardian, unless an exception under the law applies.

These protections are in addition to the privacy protections provided under HIPAA.

If you have questions about these confidentiality protections, please reach out via phone or email.

If you believe your privacy rights have been violated, you may contact:

Stay and Talk, LLC

Tyler Zenz, MA, LAC, GC-C

320 S 2nd Ave Ste 1906

Sioux Falls, SD 57104

Phone: 605-929-4900

Email: Tyler@stayandtalk.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Filing a complaint will not affect your access to services.

Acknowledgment of Receipt

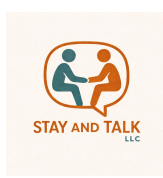
I acknowledge that I have received and reviewed the Notice of Privacy Practices.

Client Name: _____

Signature: _____

Date: _____

Tyler Zenz, MA, LAC, GC-C



Phone: 605-929-4900

Email: Tyler@stayandtalk.com

Acknowledgment of Counseling Policies and Consent for Services

By signing below, I acknowledge that I have received and reviewed the intake packet for Stay and Talk, LLC. I understand the information provided regarding counseling services, confidentiality, policies, and procedures.

I consent to participate in counseling services and understand the limits of confidentiality as explained in this packet.

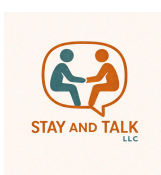
I also acknowledge that I have had the opportunity to ask questions and receive clarification regarding any part of these policies.

Client Name: _____

Client Signature: _____

Date: _____

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Release of Information

Full Name _____

Date of Birth (MM/DD/YYYY) _____

Phone Number _____

Email Address (optional) _____

I, _____ (client name), authorize Tyler Zenz, MA, LAC, GC-C at *Stay and Talk, LLC* to release and/or obtain the following information:

- Verbal Communication
- Written Records
- Assessment Summary
- Attendance Confirmation only
- Other: _____

Specific authorization for substance use treatment records

- I authorize the release of information related to substance use disorder treatment services.

Dates of information to be released:

- All records
- From _____ to _____

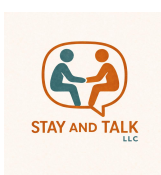
- Release information to the person/organization listed below
- Obtain information from the person/organization listed below
- Both release and obtain information

Information may be exchanged with (Name of person) _____

Name of organization _____

Phone Number or Email _____

Relationship to You (e.g., spouse, PO, parent, etc.) _____



Purpose of Release

- Coordination of care
- Referral or treatment planning
- Legal/court involvement
- Other: _____

I understand that:

- I can revoke this authorization at any time in writing.
- This authorization will expire one year from today, unless I specify an earlier date below.
- I have the right to refuse to sign this form, and services will not be denied solely because I choose not to release information.
- I acknowledge that once information is released, it may no longer be protected under federal privacy laws if the recipient is not subject to HIPAA regulations

Limitations of Disclosure

Authorization to release information generally includes summaries of treatment participation, attendance, progress toward goals, and relevant clinical recommendations. Psychotherapy notes, detailed session notes, and personal reflections from counseling sessions are typically not released unless specifically authorized or required by law

Expiration Date (if different than one year): _____

Printed name _____

Signature _____

Date _____

For official purposes:

Counselor signature _____ Date Received _____

Date revoked _____

Client Revocation Signature _____