



First Responder Psychology
5920 NE Ray Circle, Suite 170
Hillsboro, Oregon 97124
Phone: 971-727-5769

SALEM PD CONSENT to PARTICIPATE in WELLNESS CHECK

I do hereby seek and consent to take part in an Annual Wellness Check by Dr. Stephanie M. Conn or Chelsea Sathoff. I acknowledge that I have received information about this process and have had all my questions answered fully.

I understand that I am not responsible for payment for this check-in and that anything that I may communicate within the wellness check is confidential and privileged under law, with certain exceptions as detailed below. I understand that the therapist will not communicate any assessment of my mental or emotional status to my department or agency and will not make any determination as to my fitness for duty. If you decide you would benefit from additional appointments, you will be responsible for the fees associated with these services.

I understand that the provider may confidentially consult with other professionals as part of her clinical practice. I also understand that certain limits exist to therapist-client confidentiality under law. Exceptions to this protection of confidentiality would occur if it were learned that I am a danger to myself or others. Should this happen, the appropriate authorities would be notified as required by law. Although the law does not mandate that a report be made if it is learned within the context of therapy that a child or elder has been abused or neglected, it is the policy of this therapist to report any reasonable suspicion of child or elder abuse to the appropriate authorities.

My signature below shows that I understand and agree with all of these statements. I understand that I will be given a copy of this consent form to keep and that this agreement will become part of my records held at First Responder Psychology.

Signature of Client

Date

Printed name

I, the therapist, have discussed the issues above with the client

Signature of therapist