

Julie Burke Wellness  
Email: julie@burkewellness.com  
www.julieburkewellness.com  
312-608-0211

**INFORMED CONSENT**

Client Name: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at the office of Julie Burke Wellness with Julie, hereby referred as Julie Burke and Julie Burke Wellness. The rights, risks and benefits associated with the treatment have been explained to me. I understand that treatment may be discontinued at any time by either party. Julie Burke and Julie Burke Wellness encourages that this decision be discussed with the treating wellness coach. This will help facilitate a more appropriate plan for discharge. I agree to pay an hourly fee of \$\_\_\_\_\_, payable at the beginning of each session.

**Recipient's Rights:** I certify that I have received the HIPAA agreement and certify that I have read and understand its content.

**Treatment may be Discontinued Non-Voluntarily:** Treatment services may be discontinued non-voluntarily, if: A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at Julie Burke and Julie Burke Wellness and or B) the client refuses to comply with stipulated program rules, refuses to comply with treatment recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of discontinued services by letter or e-mail.

**Consent for Telehealth Services:** During the Covid-19 Public Health Emergency, Julie Burke Wellness has moved most client services to telephone or telehealth platforms. I have been provided with and discussed information about Julie Burke Wellness Telehealth Services and agree to receive assessment and treatment services by telephone or video/voice telehealth platforms.

**Client Notice of Confidentiality:** The confidentiality of patient records maintained by Julie Burke and Julie Burke Wellness is protected by Federal and/or State law and regulations. Julie Burke and Julie Burke Wellness may not say to a person outside the company that a patient attends treatment or disclose any information identifying a patient as an alcohol or drug abuser unless: 1) the patient consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a client either at Julie Burke Wellness, against any person who works for Julie Burke and Julie Burke Wellness or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. It is Julie Burke's and Julie Burke Wellness's duty to warn any potential victim, when a significant threat of harm has been made. When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about client, not clinical information. My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

I consent to treatment and agree to abide by the above stated policies and agreements of Julie Burke Wellness with Julie.

\_\_\_\_\_ Date:

Signature of Client/Legal Guardian (In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf) \_\_\_\_\_ Date:

Witness: \_\_\_\_\_ Date: