



DARBOUZE, LLC

Phone: 856-200-3522/ Fax: 856-242-2955

CONSENT FOR SERVICES

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

CONFIDENTIALITY: All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- The counseling staff works as a team. Your therapist may consult with other counseling staff to provide the best possible care. These consultations are for professional and training purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- New Jersey state law 45:8B-49 states any communication between a licensed therapist (LCSW, LPC, LAC, LSW, and LMFT) and the person or persons counseled while performing counseling shall be confidential and its secrecy preserved.
- A court order, issued by a judge, may require the Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.

I, _____, hereby give consent to DARBOUZE, LLC to
(Name)

provide treatment/services tutoring to me. The services include outpatient mental health/behavioral health services received at Darbouze, LLC office. I understand that separate consent is needed for medication should that be included in the treatment plan.

This consent will remain in effect if the above named is the client of DARBOUZE, LLC or **until formally revoked in writing.**

I have read and understand the risks and benefits of counseling, the nature, and limits of confidentiality, and what is expected of me as a client of Darbouze, LLC.

Signature of Client

Signature of Therapist

Date

Thank you for choosing Darbouze, LLC

255 Broad Street, Bloomfield, NJ 07003 (North Jersey) The Presidential Center, 101 Route 130 South, Madison Building, Suite 300, Cinnaminson, NJ 08077 (South Jersey)