## INITIAL GET ACQUAINTED MEETING IDAHO

Welcome! The purpose of our initial meeting is to see if it makes sense to work together. You have specific needs and I have specific training and background. We can discuss if it seems like it's a good fit. There's no fee charged, and no obligation to continue working together after we meet. This first meeting does not mean or imply that we have entered into a therapeutic relationship. (There's more paperwork required before we formally are working together in therapy). Please be aware that I take notes, even of our get acquainted session, in case we do work together in the future. It's also important to note that counselors have ethical standards for confidentiality **but we are also mandated reporters** so there are legal limits to confidentiality even during our get-acquainted time. Reasons to break confidentiality may include: the suspected abuse of a child or vulnerable adult, or a clear threat to do harm to self or others. See more details below regarding limits to confidentiality.

Please fill out the following in	formation before we meet:	
Name:		
Physical Address:		
Phone where I can reach you and	d leave a message:	
Emergency Contact: Name:	Phone:	Relationship:
What would you like to accompl	ish?	
There are <b>legal exceptions to c</b> those in which the information y a) The client gives writte or disability, the clien b) Where there is reason children, elderly perso c) Where you present see d) If mandated by law su	onfidentiality as defined by you have shared with me may en permission to share confident's personal representative. hable suspicion or report of all ons, or individuals who are unrious and foreseeable harm to	ential information, or in the case of death ouse to vulnerable populations, including table to advocate for themselves. O yourself or others. The purpose of a legal proceeding.
	no Suicide Prevention Hotline	o your nearest emergency room. if you are in crisis at <b>(208) 398-4357</b>
	ad and understood the inforn	nation provided above. I also note that my
nto a therapeutic relationship w	rith Jack Venbrux, LCPC.	
Signed:	Da	ite:
Therapist Signature:	Da	ate:

Address: 1103 W. Ironwood Dr. Coeur d'Alene, ID 83814