Blue Couch Therapy
SPEAK YOUR MIND & FIND PEACE
954-993-1646
hello@BlueCouchTherapy.co
BlueCouchTherapy.co

Exhibit A

Informed Consent & Confidentiality

I, _____, agree to get therapeutic services from Blue Couch Therapy.

DOB: _____/_____/_____ **Minor**: ___No ___Yes **Joint Custody**: ___No ___Yes

Guardian name: _____ (N/A- 18 years old and up)

Guardian name: _____ (N/A- 18 years old and up)

Confidentiality and Privilege: The information and content shared in therapy will remain confidential, except as noted in the next section. Your information will not be shared with anyone without your written consent (Exhibit E). Your information is also privileged, which means that your therapist is free from the duty to speak in court about your counseling unless you waive that right, or a judge orders it.

Exceptions to Confidentiality and Privilege: As a mandated reporter in the state of Florida, your therapist is legally obligated to violate confidentiality under the following circumstances:

1. When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of child
2. When the therapist has reason to suspect that the client has been, or is currently, involved, in the abuse or neglect of vulnerable adults
3. If a client is pregnant and taking street drugs
4. If the client reports sexual misconduct by another counselor
5. If a client is a serious danger to themselves, i.e., if suicidal
6. If a client is a serious danger to someone else, i.e., if homicidal
7. If the courts order copies of records

The Blue Couch Therapy provider responsible for my care has explained to me the proposed treatment plan, the general nature and extent of any risks involved in the treatment, and alternative treatment options, if any. I understand that confidentiality is an important aspect of the delivery of behavioral health services, and that Blue Couch Therapy providers are bound by law and ethics to safeguard such patient-provider communications. I also understand that, although the law may allow me the right to examine treatment records, a Blue Couch Therapy provider, in their reasonable professional discretion, may elect not to share certain information with me, but only as permitted or required by applicable federal and state privacy laws.

Signatures:

1._____ _____ _____
Printed name Signature Date

Relationship: _____

2._____ _____ _____
Printed name Signature Date

Relationship: _____

3._____ _____ _____
Printed name Signature Date

Relationship: _____

4._____ _____ _____
Printed name Signature Date

Relationship: _____