



**INTAKE CONSENTS**

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

Date of Birth: \_\_\_\_\_

(If client is a minor) Parent/Legal Guardian Name: \_\_\_\_\_

According to the privacy and confidentiality section of the APA's ethical code of conduct for therapists, there are four general situations which are exempt from confidentiality:

1. The client is an imminent and violent threat towards themselves or others
2. There is a billing situation which requires a condoned disclosure
3. Sharing information is necessary to facilitate client care across multiple providers
4. Sharing information is necessary to treat the client

Of these situations, only the first obligates therapists to break confidentiality. The limits of confidentiality in counseling stop at the gate whenever clients express to harm themselves or others.

**CONSENT FOR COUNSELING/COACHING:** I give consent for myself/my child (client named above) to participate in telehealth services through AbidingHelp.

I consent for the individual named above to receiving behavioral health services via telehealth. I understand that the individual named will be receiving counseling/coaching through an interactive, secure, web-based platform through the Internet.

I understand that my child's or my participation, at any time in telehealth, is voluntary and I may refuse to participate or decide to stop participation at any time. I understand that my refusal to participate or decision to stop will be documented in my medical record.

I understand that the privacy and confidentiality of individual named above will be protected at all times. I also understand that the likelihood of a video conference being intercepted by an outsider is similar to the potential interception of a phone call.

I understand that the health care providers at both my child's/my remote video site will have access to any relevant medical information about my child/me including any psychiatric and/or psychological information, alcohol and/or drug abuse, and mental health records.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

