

Consent for Counseling Services.

I _____ am consenting to receive counseling services from Jeremy Duke LPC. Although other services may be required, it is currently anticipated these services will include:_____.

I understand that while Jeremy Duke LPC will use his best efforts to assist me, the nature of services of this kind is that there can be no assurances of results. Furthermore, I understand that there are inherent risks in making personal life changes. I understand that I can discontinue services at any time.

I understand that communication I have with Jeremy Duke LPC will be held confidential under the appropriate state and federal laws concerning confidentiality of patient records and professional ethical standards of Licensed Professional Counselors. Generally, my confidential information will not be disclosed unless:

- 1) I consent to the disclosure in writing.
- 2) There is a medical emergency and I need prompt medical attention.
- 3) There is a court order signed by a judge requiring the disclosure of my counseling records.

Furthermore, I understand Missouri State law requires that counselors are mandated reporters of child and elder abuse and neglect. And, Jeremy Duke LPC has a legal and ethical obligation to protect me from harm. Therefore, he has the obligation to report to the authorities and take action when:

- 1) There is a reasonable suspicion of child abuse or neglect.
- 2) There is a reasonable suspicion of elder abuse or neglect.
- 3) There are credible threats that I may harm myself or others and it is determined I need further evaluation.

I further understand that my records are protected under Federal HIPPA regulations and I have been offered a written copy of these regulations and my rights under them.

My signature is to acknowledge that I have read and understand the above information.

signature

date

guardian signature (if needed)

date