



Informed Consent Form – Counseling

Permission for Treatment:

I consent to receive mental health services from Mandarin Cove Counseling. These services may include individual counseling, couple counseling, as well as family and group counseling.

Emergency Services:

Mandarin Cove Counseling is able to provide counseling services by appointment during the work week, Monday through Friday. If an appointment is needed immediately due to an emergency, clients are advised to call 911 or use the following list of referrals:

- 1) Mental Health Resource Center, 11820 Beach Blvd., 642-9100 (Southside Residents)
- 2) Mental Health Center, 333 W. 20th St., 645-9145 (Northside & Westside Residents)
- 3) Baptist Medical Center Emergency Room, 800 Prudential Dr., 202-2046
- 4) Shands Hospital Emergency Room, 655 W. 8th St., 244-0411

Confidentiality:

Counseling is confidential. Information shared with a counselor will not be disclosed to anyone outside Mandarin Cove Counseling without your written permission except when:

- 1) There is reasonable suspicion of abuse to a child, elderly person or other vulnerable adult.
- 2) The client presents as a serious danger to himself/herself or others.
- 3) The case file is court ordered by a judge.

Signature: I understand and agree to the above statements.

Name Printed: _____

Name Signed: _____ **Date:** _____

(Parent signs for Persons under 18. If parents are divorced, both parents will need to sign.)