



## Permission for Treatment

I consent to receiving mental health counseling (for myself or child) from the Mandarin Cove Counseling Center. These services may include diagnostic evaluations, individual therapy, family therapy, couple therapy, group therapy, or other standard therapy techniques.

## Disclosure of Confidentiality

What you disclose with your counselor is confidential. However, there are a few situations in which information about you may be shared. These are the conditions in which certain information concerning your case may be disclosed:

1. If insurance is being billed for treatment, the diagnosis, method of treatment, and dates of visits are submitted to the insurance carrier. The carrier may also request other specific information, such as expected length of treatment, etc.
2. Your case may be discussed in the course of clinical consultation. This is done in an anonymous manner; no identifying information will be used.
3. The law requires that any abuse or neglect of a minor, elderly person, or disabled person, not previously reported, must be reported.
4. Information about your counseling can be subpoenaed by the court. If you (or minor child) are or may be involved in any court proceeding, discuss this with your therapist and attorney right away.
5. With your permission, Mandarin Cove Counseling will inform the referring party that you have followed through with the first appointment (signature for required).
6. If information is to be shared with the school, physician, etc., you will be asked to sign a Release of Information before this is done.
7. If you are in immediate danger of harming yourself or someone else, your counselor will take appropriate action in an effort to assure your safety and/or the safety of others.

**I have discussed any questions or concerns I have regarding this form. I have read and understand the information above. I understand that my counselor will give me a copy of this form if I request it.**

\_\_\_\_\_  
Signature of Client (if an adult)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date