

Staten Island Speech & Counseling

Jeremiah Corbo MEd, LMHC

Counseling Informed Consent

I _____ consent to the evaluation/treatment process with Jeremiah Corbo. I understand that this process may include myself, my child, and/or other family members.

I understand that information shared by you in a counseling session is protected under the Federal Regulations governing Confidentiality, 42 C.F.R. Part 2, and the HIPPA Act of 1996, 45 C.F.R. pts 160 & 164. I understand the information cannot be disclosed without written consent, with the **exception** of the following:

- 1) **Abuse of Children or Disabled Adults.** If a staff member has reason to believe that a child under the age of 18 or a disabled adult is being abused or neglected, s/he is legally obligated to report this situation to the appropriate state agency.
- 2) **Imminent Harm to Self.** If a staff member has reason to believe that you are in danger of physically harming yourself, and if you are unwilling or unable to follow treatment recommendations, s/he may have to arrange for an evaluation off-campus and /or contact a family member or another person who may be able to help protect you.
- 3) **Imminent Harm to Others.** If a staff member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, and if s/he believes that you are an actual threat to the safety of another person, s/he may be required to take some actions (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some combination of these actions) to insure that the other person is protected.

In order to provide you with the best possible care I understand that Jeremiah occasionally consults with other mental health professionals regarding his clients. In such instances your name and personal information will remain confidential.

Additionally, I am aware that Jeremiah Corbo is a counselor at Tottenville High School and cannot work privately with anyone who attends or who has children/siblings who attend Tottenville High School. I have informed Mr. Corbo that neither I attend Tottenville High School nor do not have any children or siblings who attend Tottenville High School.

I have read and understand this document.

Client Signature: _____ Date: _____

Client Name (Print): _____