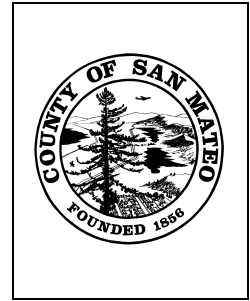


**CONFIDENTIAL
PATIENT
INFORMATION:
See California
Welfare and
Institutions Code
Section 5328.**

San Mateo County Health System
Behavioral Health and Recovery Services
Senior Peer Counseling*



**APPLICATION FOR SERVICES AND
CONSENT TO RECEIVE SENIOR
PEER COUNSELING SERVICES**

I, _____ agree to receive counseling services from the San Mateo County Senior Peer Counseling Program.

I understand that the senior peer counselor will respect my right to privacy and will strive to keep peer counseling records confidential to the extent permitted by law. However, I understand that privacy regulations and guidelines governing therapist-patient privilege do not apply to senior peer counseling because the peer counselor is not a therapist and does not provide mental health treatment. I understand that the senior peer counselor is supervised by a mental health professional in weekly group supervision.

I realize that certain information may be released without my authorization under certain circumstances. For example:

- To the courts as necessary for the administration of justice.
- In the event of a valid medical emergency.
- If there is evidence to suggest that child, dependent adult, or elder abuse has occurred.
- When a hazard to the public (such as homicide) requires disclosure.
- When there is any indication that I will be likely to do harm to myself or others.

I understand that the senior peer counselor and I will periodically review my services. I also understand that I can express my opinion to the Director of Senior Peer Counseling Services at any time. I understand and agree to the statements above, and I am aware that I can revoke this agreement at any time and/or discontinue service.

Client Signature

Date

Peer Counselor Signature

Date

*This program is for any adult 55 years or older (at the discretion of the director someone under 55 may qualify for services).