

Remote Consultation Authorization - Request for services

Name _____ Phone _____
Address _____
Birth Date _____ Age: _____ Sex: (Female/Male) Email: _____
How did you hear about us? Facebook _____ Sign _____ Friend _____ Clinic _____ WIC _____
Theater _____ MAHUBE _____ Other _____
Have you visited us before? N Y Under what Name? _____

This form is used to obtain YOUR express permission for us (*The Pregnancy Resource Center of the Park Rapids Area*) to consult with you over the phone and/or the internet (via email, teleconference or any other such means that may be (or may become) available). Due to Covid-19 policies restricting personal access to our Client Services Director for the foreseeable future, this is an option available to YOU such that you can continue to consult with your CSD during these restrictive times. PLEASE complete, SIGN and mail this back to us at: **P.O. Box 759, Park Rapids, MN 56470** and our CSD will be able to work with you, confidentially, over the phone or other means deemed appropriate. If you email it to us, you do so at a potential risk of breach of privacy, and you expressly agree that we, the *Pregnancy Resource Center of the Park Rapids Area*, will **not** be held liable if such a privacy breach might happen. For any questions, or for general contact with us at PRC, we do have the following available for you:

Phone: 218-732-5212 (know that during this restrictive period, regular office hours will be cut back)
Email: CSD - clientdir@prcparkrapids.org and for general information, use info@prcparkrapids.org

With authorization received, your phone consultation arrangements will be agreed upon when our Client Services Director contacts you at the number you provided above. We will do our best to deliver the services we CAN during this time.

Limitations of Services

The Pregnancy Resource Center is staffed by volunteers who have received training in peer counseling. The volunteers and paid staff do not have degrees in counseling, nor are they licensed by the state; therefore, the counseling provided is not intended to be a substitute for professional counseling.

This Pregnancy Resource Center is not a medical facility or a qualified laboratory and hence is not legally qualified to perform or interpret a pregnancy test. Only a licensed medical practitioner is qualified to diagnose a pregnancy.

The Pregnancy Resource Center does not perform, nor refer for, abortions, nor do we provide or refer for contraceptives.

To protect your privacy and the privacy of our peer counselors, any use of electronic recording devices during your peer counseling session is not permitted (including over the phone, screen captures and other creative methods).

The center services and resources are intended for all persons who genuinely seek our caring help. Any attempt to obtain these services under false pretenses is also not permitted (especially over the internet or by phone).

I understand that the Pregnancy Resource Center will hold in strict confidence all the information I provide them, **except** as required by law or when necessary to protect others or myself against a threat of harm.

I understand the above and willingly enter into a relationship of accepting assistance from the Pregnancy Resource Center.

Client Signature _____ Date _____