

In Take Form: Please answer the following questions, initial the information, then sign and date at bottom of this page:

Full Name: _____

Street Address: _____

City and Zip Code _____

Marital status _____ Birth Date _____ Age _____ Gender _____

Insurance provider _____

Children and Ages _____

Cell # _____ Other # _____ Email address _____

OK to email _____ Do you have any suicidal or homicidal thoughts _____

Emergency Contact name and phone # _____

Spiritual? _____ Please briefly tell me below why you have come for a session today?

Limits of Confidentiality: All said here is completely confidential with the following exceptions:

- Duty to warn and protect if a client discloses intentions or a plan to harm self or anyone else. Counselor has the duty to protect any other person suggested as a target and to also get mental health help for the client if suicide is mentioned in our sessions.
- Any harm to children or vulnerable adults will have to be reported
- Prenatal exposure to substances also must be reported
- Minors or guardianship/parents have a right to access records of minors
- Insurance providers may request information regarding dates of service and summaries of clinical assessment in some cases
- I do not believe therapeutic counseling should lead to being asked to attend court hearings. If so, I would require my hourly rate for the time spent from my home to court and back per hour for any court appearance.
- Mr. Virgil Coleman files my insurance claims and is fully aware of confidentiality rules protecting client's information. He only sees dates of service and insurance provider information.

Cancellation policy: 24 hours' notice to cancel or client is responsible for the hour fee.

Permission to treat: Client allows me to offer options and solutions to consider during our session.

Signed _____ Date _____