



CLIENT INFORMATION

FOR OFFICE USE ONLY: Chart #: _____ Date Opened: ___/___/___ Counselor: _____

PLEASE COMPLETE ALL ITEMS:

Client Name: _____ Age: _____ Date of Birth: ___/___/___

Preferred Name: _____ Gender: _____

Legal Guardian (if applicable): _____

Address:

Street City State Zip

Phone Numbers:

Home Cell Work

Email Address: _____

Is it OK to leave a message? Yes _____ No _____ If yes, please circle a valid number above.

Person to contact in case of an emergency: _____
Name Phone

Status: Child ___ Single ___ Dating ___ Married ___ Living together ___ Separated ___ Divorced ___

Employer: _____ School (if applicable): _____

Annual household income: \$ _____ (please complete, this is used for data purposes only)

Payment information (Check one): Insurance ___ Sliding fee scale ___ Other ___

Name of Insurance Company Policy Number Insured Name

Your relationship to the insured: Self ___ Spouse ___ Child ___ Other: _____

Currently living with:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Living together FULL or PART time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about us? _____

Signature of person completing form: _____ Date: ___/___/___

Signature Page for Acknowledgement of Receipt of

Notice of Privacy Practices, Informed Consent and Fee and Payment Agreement, Social Media Policy and Notice of Additional Fees

By signing this form, you acknowledge that the Community Counseling Center (CCC) has offered you a copy of its Notice of Privacy Practices, its Informed Consent and Fee and Payment Agreement, its Social Media Policy, and its Notice of Additional Fees.

The Notice of Privacy Practices explains how your counseling information will be handled and is required by HIPAA, the Federal law concerning medical privacy.

Please indicate your responses below and sign and date.

I have been offered copies of the notice of Privacy Practices, the Informed Consent and Fee and Payment Agreement, the Social Media Policy, and the Notice of Additional Fees. Yes ____ No ____

My questions about these forms have been answered. Yes ____ No ____

Client Signature

Date

Provider Use Only

If the client is not able to sign due to a disability or emergency, or chooses not to sign, please document that the notices were offered and the reason why the client did not sign.

Client was offered the notices Yes ____ No ____

Reason signature was not obtained:

Staff Signature

Date