

PIMA COUNSELING, LLC
520-461-0922
WWW.PIMACOUNSELING.COM

CLIENT INFORMATION

Date of Intake: _____

Client Name: _____ Gender: M F

Social Security #: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Message Phone: _____

OK to Contact at Home: Y N

Emergency Contact: _____ Phone: _____

Relationship of Emergency Contact to Client: _____

Referred By: _____ Party Responsible for Payment: _____

Relationship of Responsible Party to Client: _____

Responsible Party Address: _____

Responsible Party Phone: _____

INFORMED CONSENT: SIGNATURES

My signature below acknowledges that:

1. *I have received, reviewed, and understand the following items:*
 - a. *Client Rights*
 - b. *HIPPA Notice of Privacy Policies*
 - c. *Informed Consent for Treatment dated 5.07.*
2. *I voluntarily authorize Pima Counseling, LLC to provide me with:*
 - a. *This initial session only _____*
 - b. *Further sessions that we agree are advisable for me _____*
3. *I will pay for all services rendered and any additional expenses that may be accrued in collecting said fees.*

CLIENT SIGNATURE

DATE

This information is confidential within the limits of the law and HIPAA guidelines and can be released only with your written authorization, except where otherwise stipulated by law and in the Informed Consent for Treatment.