Client Information Form

Today's Date __/__/____

Client Name: Last _____ First _____ MI ___ Preferred Name _____

Client Date of Birth ___/___/____ Gender _____ Preferred Pronouns _____/_____

Client Address _____ City _____ State _____ Zip Code _____

Client Phone Numbers: Mobile _____ Home _____ Work _____

Where may I leave messages regarding counseling should I need to do so? ___ Mobile ___ Home ___Work

May I contact you by email about counseling? ___ Yes ___ No
*(*Email usage addressed in Counselor Disclosure Form)*
If Yes, what is your preferred email address? _____

May I contact you by text about counseling? ___ Yes ___ No
*(*Text usage addressed in Counselor Disclosure Form)*
If Yes, what is your preferred phone number? _____

Emergency Contact: Name_____ Relationship _____ Phone Number _____

Who referred you to *Donna Hampton* for Counseling? _____

Employer: _____

Reason(s) for seeking Counseling:_____

_____

Receipt of Notice of Privacy Practices

My signature on this form acknowledges that I have been offered a copy of Donna Hampton's **Notice of Privacy Practices**. I understand that this document explains the ways in which my Protected Health Information (PHI) may be used or disclosed and of my rights with respect to my health information.

I have been provided the opportunity to discuss concerns I may have regarding the privacy of my PHI.

Client Signature: _____ **Date:** _____