

Deborah Meints-Pierson
CONFIDENTIAL CLIENT INFORMATION

Name _____ DOB _____

Age _____ SSN# _____ Gender: M ___ F ___

Address _____

City _____ State _____ Zip _____

Home Phone _____ OK to leave message? Yes No

Work Phone _____ OK to leave message? Yes No

Cell Phone _____ OK to leave message? Yes No

OK to text message to cell phone? Yes No

Marital Status _____

Email Address _____

OK to contact through email? Yes No

Referred by _____

Children:

Name	Age
_____	_____
_____	_____
_____	_____

Employment Status _____ Occupation _____

Family Monthly Income _____ Ethnic Origin _____

Religious/Spiritual Orientation _____

***CANCELLATIONS:** If an appointment is cancelled with **less than 24 hours notice, you will be charged** for that session. The only exceptions to this rule are emergencies. Rescheduling should take place at the time of cancellation. PLEASE INITIAL HERE _____

****As of January 1, 2022 if you DO NOT HAVE INSURANCE OR ARE NOT USING INSURANCE,** you have the "Right to Receive a Good Faith Estimate of Expected Charges" Under the No Surprises Act. If you would like to request a Good Faith Estimate, please ask Deborah.

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____ Phone # _____

CONFIDENTIALITY: Information between counselor and client is held strictly confidential unless 1) the client authorized release of information with a signature; 2) the counselor is ordered by a judge to release information; 3) a client presents a physical danger to self or others; 4) child abuse/neglect are suspected 5) group therapy involves disclosures among group members.

CLIENT SIGNATURE

DATE