



West Shore Counseling Services, LLC
426 Century Lane, Ste. 100, Holland, MI 49423

Client Information Form

Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Address: _____
Street City Zip Code

Home phone: (____) _____ Work phone: (____) _____ Work Days: _____

Can we call you there? Yes ___ No ___ Can we call you there? Yes ___ No ___ Work Hours: _____

Cell phone: (____) _____

Gender: ___ M ___ F

Race: ___ African American ___ Asian ___ Hispanic/Latino ___ White ___ Other Ethnicity

Temporary Address and phone (if different from above): _____

Name of spouse or partner (If none, write "none"): _____

Spouse or Partners address: _____

Names, relationships, and ages of other people who live in your home (If none, write "none")

Name and phone of individual to contact in case of emergency _____

List any current medical problems _____

List any medications you are presently taking _____

If you have been in counseling previously, indicate where and for what reason? _____

Please explain in a few words why you are seeking counseling _____

Please tell us how you were referred:

Physician Friend Court Phone Book Other _____

I have received a copy of the Notice of Privacy Practices Policy regarding protected health information (PHI) as required by law.

Signature

Date

I understand that I am solely responsible for all charges for services rendered and agree to pay for services in full. If, at any time, my account becomes past due, I am responsible for the balance and any fees associated with the collection of these funds.

Signature

Date

Information for Clients

Clients often have questions about counseling—about scheduling, payments, and related matters. Feel free to ask questions in session. Following is some basic information. After you have read this form, please sign at the bottom and return to the agency.

How often, how long

- At WSCS, clients usually have individual appointments or group sessions every week or every other week depending on their individual needs, court requirements, and scheduling considerations. Individual sessions typically last fifty minutes and groups usually last one and one-half or two hours.
- The duration of counseling varies considerably and depends on the needs of the particular client. Some clients attend as few as one or two sessions; others attend counseling for a year or longer. Counseling programs for clients who have been referred by the courts usually last from 8 to 26 weeks. During the first session, we usually establish a time frame for counseling. For example, we may initially agree to meet for four sessions; at the end of those sessions, we will assess the need for more sessions.

Attending scheduled appointments

Clients are expected to attend scheduled appointments. If something comes up and you cannot attend an appointment, please let us know 24 hours prior to the time of your appointment that you cannot attend. Clients who do not give a 24-hour notice and do not show for their appointments are charge a no-show fee equal to the amount of their session charge.

Payments

Unless other arrangements have been made, payments are expected at the time of service. We are able to provide clients with a discounted fee depending on their financial circumstances. In order to be eligible for the discounted fee, proof of income (a copy of the client's most recent income tax return or pay stub) is required.

Confidentiality

Information that you disclose to a counselor is confidential. The counselor does not have the right to talk to people outside of the agency about what a client says. No one, other than agency staff, has the right to look through a client's file. There are three occasions in which the counselor may need to make an exception to the rule of confidentiality:

1. If he should come to believe that a client intends to harm himself/herself or someone else;
2. If he has reason to believe that child abuse has taken place;
3. If a client has been asked to attend counseling by the court, the client is requested to sign a release so that we can provide the court with requested information. For example - a recommendation regarding a no contact order or a progress report on the client's attendance and participation in a group. ***Please note: If the counselor should learn of a violation of probation, he is obligated to inform the court.***

I have read and understand the above client guidelines.

Signature _____ Date _____