



2400 Yamato Road • Boca Raton, FL 33431 • (561) 241-9014

Client/Contact Form

All Information is strictly confidential

Client Name (Please print): _____ Date _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____ DOB: _____ Age: _____

E-Mail Address: (His) _____ (Hers) _____

Cell: (His) _____ (Hers) _____

Work Phone: (His) _____ (Hers) _____

Emergency Contact (Name): _____ Phone: _____

Relationship to you: _____

Employer: (His) _____ How long? _____ (Hers) _____ How long? _____

Marital Status: single engaged married separated divorced widowed

How long? _____

Have you been here before? Yes No If yes, when? _____

Reason for seeking therapy: _____

Why did you choose Spanish River Counseling Center: SRC Member Advertising Website
 Referred (By Whom) _____

Who lives in your home besides yourself?

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____

Do you worship regularly (optional) Yes No

If yes, where (optional) _____

Are you currently under a physician's care? Yes No

If yes, name of physician _____ Reason _____

Currently taking medication? Yes No If yes, reason _____ How long _____

Previous counseling? Yes No If yes, by whom? _____ When _____

How long? _____ Where _____ Reason _____



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Payment Agreement

Responsibilities:

- Payment is due at the time service is rendered. Please pay by cash, check or credit card (except Discover). If paying by check, please make check payable to Spanish River Counseling Center (SRCC). There will be a \$25 fee charged for any return checks.
- Our standard fee is \$125.00 for a 50-minute session
- Full battery of psychological testing or other psychological, intelligence, educational, learning disability, personality, marital, brain SPECT – and written brain analysis testing have varying fees. Please inquire at the front office.
- Since psychological or education testing is not normally covered by most insurance companies, you are expected to cover the payment for these services yourself.
- For reasons of confidentiality, we do not make appointment reminder calls. You are responsible for keeping your appointments.
- Cancellation of a session must be made at least 24 hours prior to the scheduled time or you will be billed for the missed session.
- An invoice may be sent to your home for any outstanding balance.

Credit Card Information:

Many of our clients prefer that our office keep their credit card on file for ease of payment, future sessions and phone sessions.

If you would like for us to provide you with this service and convenience, please indicate your permission below in the appropriate box provided. For your peace of mind, please be assured your information will be secured in a locked location.

- Yes, I give my permission to Spanish River Counseling Center to retain my credit card information
 No, I do not give my permission to Spanish River Counseling Center to retain my credit card information

If yes, please give the information to our Office Manager, at the time of payment.

The undersigned certifies that he/she has read the above information carefully, understands its contents, and agrees to comply with the terms of payment as provided above.

Signed: _____

Dated: _____

Signed: _____

Dated: _____



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Therapy Agreement

I, _____, have applied for counseling and/or testing services at Spanish River Counseling Center, for myself and the following persons(s) for whom I am legally responsible.

- I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or testing.
- I understand that, if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, the appropriate individuals and authorities will be notified. By law, the appropriate authorities must be notified, in accordance with the following Florida statutes: (FS 39.201; FS 39.202; FS 39.204; FS 490.0147; FS 491.0147).
- I further agree to indemnify and hold harmless Spanish River Counseling Center, its agents, servants or employees from any claim for damages, or any nature arising out of, or allegedly due to, any counseling, instruction or advice rendered by personnel of Spanish River Counseling Center, or out of any activity related thereto. I accept full responsibility for any decision I make regarding my life.
- I understand that audio and/or video taping of a session will be strictly for the purposes of my therapist, and will only be done upon my full knowledge and consent.
- I understand that my therapist may consult with other professionals on staff at Spanish River Counseling Center, but in so doing, however, my confidentiality will never be compromised.

I have read the above information carefully, understand its contents, and agree, under these conditions, to receive services for myself and/or anyone herein designated.

Signatures: _____ Date: _____

Signatures: _____ Date: _____



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Acknowledgement of Notice of Privacy Practices

"I hereby acknowledge that I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the person listed. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changed in any way."

Patient or Representative Name (please print)

Patient or Representative Signature

Date

Staff Use Only:

Patient refused to sign

Patient was unable to sign because
