

Austin Counseling Center

Client Information

Please be advised that mental health records constitute privileged information that is protected by the law of the State of Texas, and they may contain information that is protected under Federal Confidentiality Regulations.

Date: _____

Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ State: _____ Zip: _____

Is it okay to send correspondence via mail? Yes No

E-mail: _____

Is it okay to send correspondence via e-mail? Yes No

Phone:

(cell) _____

OK to leave message at this number? Yes No

(work) _____

OK to leave message at this number? Yes No

Date of Birth _____

How did you hear about us? Who were you referred by? _____

Do you need special accommodations? Yes No If yes, explain _____

I understand and agree to these policies in the Client Agreement/Informed Consent Yes No

Client Signature

Date