



**CENTER FOR INDIVIDUAL, COUPLE AND FAMILY  
COUNSELING CONFIDENTIAL CLIENT INFORMATION**

**Direction:** This information is for us to get an initial idea about the nature of your concerns. The information you provide on this form, like all other information, will be kept confidential. Please fill out this form as completely as possible. If you have any questions, please ask the counselor.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

At which number(s) may we call you? \_\_\_\_\_ Can we leave voicemail(s)?  Yes  No

Gender Identity	Relationship Status	Ethnicity	Religious Preference		Household Income
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non Binary <input type="checkbox"/> Intersex	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Partnered <input type="checkbox"/> Domestic Partnership	<input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Baptist <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> LDS <input type="checkbox"/> Lutheran <input type="checkbox"/> Muslim <input type="checkbox"/> None	<input type="checkbox"/> Methodist <input type="checkbox"/> Protestant <input type="checkbox"/> Greek Orthodox <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Spiritual <input type="checkbox"/> Other	<input type="checkbox"/> < \$18,000 <input type="checkbox"/> \$18,000 – 24,999 <input type="checkbox"/> \$25,000 – 29,999 <input type="checkbox"/> \$30,000 – 34,999 <input type="checkbox"/> \$35,000 – 39,999 <input type="checkbox"/> \$40,000 – 44,999 <input type="checkbox"/> \$45,000 – 49,999 <input type="checkbox"/> \$50,000 – 54,999 <input type="checkbox"/> > \$55,000

**OTHER HOUSEHOLD MEMBERS**

Name:				<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB:		Gender Identity:		
Relationship:				

Name:				<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB:		Gender Identity:		
Relationship:				

## CONFIDENTIAL CLIENT INFORMATION (CONTINUED)

Name:				<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB:		Gender Identity:		
Relationship:				

Name:				<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian-American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB:		Gender Identity:		
Relationship:				

**How did you learn about the center? (Please check all that apply)**

<input type="checkbox"/> Clergy	<input type="checkbox"/> Family Member	<input type="checkbox"/> UNLV Student Psychological Services (CAPS)
<input type="checkbox"/> Radio	<input type="checkbox"/> Nevada State College	<input type="checkbox"/> UNLV Media (brochure, website, catalog, etc.)
<input type="checkbox"/> Friend	<input type="checkbox"/> School Counselor/Teacher	<input type="checkbox"/> Mental Health Agency, please specify:
<input type="checkbox"/> Television	<input type="checkbox"/> Doctor/Dentist	
<input type="checkbox"/> CSN	<input type="checkbox"/> Internet	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Newspaper		

**What concerns bring you to seek counseling service at this time? (Please check all that apply)**

<input type="checkbox"/> Depression	<input type="checkbox"/> Emotional/physical/sexual abuse	<input type="checkbox"/> Career issues
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Binge eating	<input type="checkbox"/> Academic concerns
<input type="checkbox"/> Stress	<input type="checkbox"/> Self-induced vomiting	<input type="checkbox"/> Financial pressures
<input type="checkbox"/> Anger control	<input type="checkbox"/> Relationship problems	<input type="checkbox"/> Multicultural issues
<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Family conflict	<input type="checkbox"/> Sleep disturbance
<input type="checkbox"/> Fear/phobia	<input type="checkbox"/> Conflict with friends/roommate	<input type="checkbox"/> Psychical complaints
<input type="checkbox"/> Grief/loss	<input type="checkbox"/> Conflict with faculty	<input type="checkbox"/> Obsessive thinking
<input type="checkbox"/> Suicidal thoughts	<input type="checkbox"/> Lack of relationship	<input type="checkbox"/> Alcohol/drug concerns
<input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Indecisiveness	<input type="checkbox"/> Lack of assertiveness
<input type="checkbox"/> Sexuality issues	<input type="checkbox"/> Unwanted sexual experiences	<input type="checkbox"/> Trauma/assault/accident
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other:	

**In order of importance, please describe your current problems or concerns:**

1.	
2.	
3.	

**CONFIDENTIAL CLIENT INFORMATION (CONTINUED)**

**In order of importance, what would you like to gain from counseling?**

1.
2.
3.

**Please answer the following questions with a yes or no (please check the appropriate response)**

1. Have you ever been in counseling before?  Yes  No
  
2. Have you ever witnessed someone deliberately attack one of your family members (e.g. sibling or parent) in a way that resulted in injuries such as scratches, bruises, blood, or broken bones?  Yes  No
  
3. Have you ever been deliberately attacked by an intimate partner in a way that resulted in injuries such as scratches, bruises, blood or broken bones?  Yes  No
  
4. Have you ever been emotionally mistreated in a significant way by an intimate partner, such as being told you were ugly or stupid, or being restricted from activities that are very important to you?  Yes  No
  
5. Have you ever been made to have some form of unwanted sexual contact?  Yes  No
  
6. Are you currently suicidal?  Yes  No
  
7. Have you ever made any attempts on your own life?  Yes  No
  
8. Have you ever thought about ending your life?  Yes  No

**Client Availability**

The Center for Individual, Couple, and Family Counseling is currently open as follows:

Monday and Wednesday: 9am-12pm and 4pm-8pm (last session begins at 7pm)

Tuesday and Thursday: 9am-7pm (last Session begins at 7pm)

Friday: 10am-2pm (last session begins at 1pm)

Please indicate when you would be able to attend sessions in the boxes below. Please provide availability on a minimum of 2 separate days as this will help with scheduling in the future.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

**Cancellation Policy**

We understand that there are times when you must miss an appointment due to various life circumstances. We ask that when this occurs you give us at least 24 hour notice so that we may offer the session time and space to other clients. Sessions cancelled on the same day they are to occur will be charged a fee of \$5 payable at the time of your next scheduled session.

**No Show Policy**

Appointments that are not cancelled prior to the start of the session time or are missed entirely are considered a No Call/No Show and will result in a fee of \$15 payable at the time of your next scheduled session.

**Account Balances**

Fees accrued due to missed sessions must be paid at the time of the next scheduled session. Sessions cannot resume until all account balances are paid in full.

I have read the Cancellation/No Show Policy above and by signing below, I agree to pay any balances owed from cancellations or missed sessions in the future.

Client Name:

Client Signature: \_\_\_\_\_

Date:

Welcome to the Center for Individual, Couple & Family Counseling at the University of Nevada, Las Vegas (the “Center”). This Center has been established to provide therapy services to individuals, couples and families experiencing difficulties. Please take the next few minutes to read about the policies related to Telebehavioral Health (TBH) of the Center and sign the informed consent agreement. If you have any questions, please ask your therapist.

1. **Services.** The Center for Individual, Couple & Family Counseling provides individual, couple, and family counseling services not only for university students, staff, and personnel, but also for people from the greater Las Vegas area. It is the responsibility of the Center to make recommendations that are in your best interest, including decisions around whether you participate in in-person therapy services, telebehavioral health services, or receive referrals to a provider for a different level of care.

At this time, we can conduct telebehavioral health services. “Telebehavioral health” includes consultation, treatment, emails, telephone conversations, and obtaining other client medical information using interactive audio, video, or data communications. Telebehavioral health by the Center occurs in the state of Nevada and is governed by the laws of that state and the guidelines provided by the state licensing board for clinical licensed professional counselors and marriage and family therapists. If our telebehavioral health services are not appropriate for your concern, we may refer you to another agency who can better fit your needs.

2. **Appointments.** Appointments, cancellations and changes in scheduled appointments can be made by calling the Center at (702) 895-3106 and leaving a message, or reaching out to your therapist’s Google Voice number. Your call will be returned as soon as possible. The Center staff expects clients to keep all scheduled appointments. If unforeseen circumstances cause you to be unavailable for your scheduled appointment, however, please call at least one day in advance. If you miss two consecutively scheduled appointments, your appointment will be given to another client, at the discretion of the counselor and/or supervisor. Also, if one or more members of a family fail to show up for an appointment, it will be left to the counselor’s discretion whether the session will be cancelled altogether.

Please note that the individuals present for telebehavioral health sessions are those who have been agreed upon by the therapist and client(s). Clients are asked to not include others in the session or have others in the room unless agreed upon. In addition, everyone in the therapy setting is bound by confidentiality.

3. **Staff.** Therapists at the Center are students working on advanced degrees in Couple and Family Therapy at the University of Nevada, Las Vegas. Each student is supervised by a professional, experienced member of the UNLV faculty.

4. **Fees.** Counseling services are \$35.00 per session for individual, couple, and/or family counseling. Fees are typically paid prior to the start of each session; although due to current circumstances clients are permitted to pay at the end of each month. The clinic also offers client’s experiencing financial hardship to pay their sessions fees once the clinic reopens. Please discuss this with your therapist if this applies to you. UNLV faculty and staff pay a reduced fee of \$10.00 per session. UNLV students are not charged for services. If the fee, or the payment of the fee causes you any hardship, please talk with your therapist.

Payment for telebehavioral health services can be accomplished by sending a check to:

Center for Individual, Couple and Family Counseling  
University of Nevada, Las Vegas  
Box 453047  
4505 S. Maryland Pkwy.  
Las Vegas, NV 89154-3047

**5. Privacy of Information.** It is the policy of the Center not to release any information regarding your use of our services, or any personal matters discussed with your counselor. Confidentiality is assured except for the following situations:

If you authorize the Center to release records or other information to an individual of your choice. This may be done only with your expressed written consent.

In the event that there is clear and imminent danger to you or another person, or if there was intent to commit criminal activity, we are required by law to report pertinent information to authorities. This includes reporting child or elder abuse or neglect.

To provide you with the best possible service, the counselors reserve the right to confer with their supervisor and other members of the Center staff.

The laws that protect the confidentiality of your medical information discussed above also apply to telebehavioral health. Unless we explicitly agree otherwise, the telebehavioral health exchange is confidential.

To further ensure the privacy of your sessions, we ask that you do the following: only conduct sessions in a private place, consider using headphones during your session, use a hard wired internet connection, and be prepared to join a call/video session at least 5 minutes prior to the start of the session.

**6. Termination.** Please inform your therapist if you are planning to discontinue treatment for any reason. The final session is an important part of the therapy process and should be discussed in advance, just as any mutually agreed upon decision.

**7. Audio/Video Recording.** The Center is a training facility and we routinely make audio/video recordings of sessions as part of the treatment and supervision process; however, all recorded sessions will be stored securely. Please note that we prohibit the client from also recording the sessions in any way. Please ask your therapist if you have questions on this matter.

**8. Risks/Benefits.** Therapy has been demonstrated to help many individuals. This is particularly true when you sincerely want to change and you follow through with homework and other activities that you and your counselor agree would be helpful for you. If counseling does not result in the change you hoped for, we recommend that you discuss this with your counselor so that we can help you decide whether to discontinue counseling, try alternative treatment techniques, or seek alternative help. The primary risk of therapy is that the process may involve discussing problems or life events that may evoke unpleasant feelings. If this occurs it is important to let the therapist know so that they can help you deal effectively with those concerns.

As it pertains to telebehavioral health, potential risks include, but are not limited to, the possibility, despite reasonable efforts on the part of your therapist, that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

Email is another common method by which clients communicate with health professionals. Using email, however, is not the same as calling your therapist's office; there is no person at the other end of the call – just a computer. You cannot tell for certain when your message will be read. Email is not appropriate for urgent or emergency problems! Please use the telephone or go to the Emergency Department for emergencies. Email should not be used to communicate sensitive medical information, such as information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse. Email is not confidential. It is like sending a postcard through the mail. You should also know that if sending emails from work, your employer has a legal right to read your email if they choose. Email may also be part of the medical record when we use it; a copy may be printed and put in your chart. It is also not a substitute for seeing your therapist. Please refrain from reaching out to the Center via email for these reasons without encrypting your emails to us. Ultimately, you are responsible for the security of your computer during telebehavioral health sessions.

**9. Emergencies.** Telebehavioral health does not provide emergency services. If you are experiencing an emergency situation, call 911 or proceed to the nearest hospital emergency room for help, as well as reach out to the resources provided by your therapist.

Please check each box below.

I have read the information above. I have had an opportunity to ask questions

I agree to participate in telebehavioral health with consideration of the above points.

Please fill out each box below:

Client Name:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name:

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_