

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Is it okay to leave messages at this number? (Circle all that apply) Home Work Cell

E-mail address: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about Interfaith Counseling Center? \_\_\_\_\_

**Please use the back of this form to briefly describe the reason for your visit.**

**Spouse/Significant Other/Responsible Person Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relation: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (H) \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Acknowledgement of Receipt of Counseling  
Contract and Confidentiality Notification**

I, \_\_\_\_\_, have received a copy of this center's  
Counseling Contract and Confidentiality Notification.

I (would / would not) like a copy of these notices. (**Circle one.**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

## COUNSELING SERVICES CONTRACT

Welcome to Interfaith Counseling Center. Please read the following information about our services and policies.

### PSYCHOLOGICAL/COUNSELING SERVICES

We offer counseling on a free-will offering basis for up to three visits. At the third visit, it will be your choice to end your sessions, continue with one of our qualified therapists at his or her practice, or ask for a referral to another therapist or supportive community agency that will serve your specific needs.

### COUNSELING FEES

Our hourly fee is based on a free-will offering. While we don't require a certain amount, we do require that you give something, in honor of your own personal growth and the understanding that as you invest in your healing, you receive more from it. Please pay for each session at the time it is held. Checks can be made payable to your counselor. We do not take medical insurance as payment or partial payment of services.

### CONFIDENTIALITY

Under normal circumstances, the strict privacy of all communications between you and your counselor is protected by law. This means that no information pertaining to your work with your counselor will be shared or released without your knowledge and written permission. An exception to this policy would exist in a situation wherein you or someone else would be physically or emotionally harmed by our failure to do whatever is necessary to keep you from harming yourself, or by our failure to inform another person who is in danger of being harmed. You should also know that we would also have to comply if a court order required the sharing of information.

### INTERFAITH

We believe that your spiritual journey is central to your psychological well-being and make every effort to honor your chosen spiritual path. ICC counselors are not employed by Unity Northwest, and this agreement releases from liability, indemnified and holds harmless Unity Northwest and its employees or agents representing or related to the organization as regards to counseling, consultation, or on-going psychotherapy treatment.

If you have questions about this information, feel free to discuss them with your counselor. Your signature below indicates that you have read this information and agree to its terms during our counseling relationship.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client name (please print)

\_\_\_\_\_  
Counselor signature

\_\_\_\_\_  
Date