

2530 Meridian Parkway Suite 3006

Durham, NC 27713

www.greateroutreachservices.com

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

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

Primary Insurance Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN: \_\_\_\_\_\_\_\_\_\_

DEMOGRAPHIC INFORMATION

Home Address: County:

Home Phone: School/Grade:

Legal Guardian Name/Phone:

Mother’s Name: Daytime Phone:

Father’s Name: Daytime Phone:

EMERGENCY CONTACT

First Contact: Relationship to Client:

Daytime Phone: Evening Phone: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name/Phone:

Others in the Home (Names/Relationship to Client/Ages if appropriate):

Significant Others Involved with Client:

MENTAL HEALTH/BEHAVIORAL INFORMATION

Reason for Seeking Services:

Recent Treatment History (last 12 months):

Pertinent Medical Issues:

Client Medications:

Other Active Service Providers (last six months):

Court Involvement and/or Pending Charges:

CONSENTS/RIGHTS INFORMATION

#### Consent for Treatment

I hereby give my consent for **STAFF** to provide mental health services to me/my child. I have been informed of the scope and purpose of the service, and understand that I may withdraw my consent at any time. I understand I may also refuse any services offered at any time.

Client/Parent/Guardian: Date:

#### Financial Release

I understand that **STAFF** may use confidential information about me to bill and be paid for services. I hereby consent for **STAFF** to release information to the billing agent, **Integrity Support, Inc.** and its contracted clearinghouse, and/or to the funding source, and for the funding source to release information to **STAFF** and **Integrity Support, Inc.** for this purpose.

Client/Parent/Guardian: Date:

#### Permission to Transport

##### I hereby grant permission for **STAFF**, to provide transportation to my child, and agree to hold **STAFF** harmless for any accident/injury that results from the provision of transportation.

Client/Parent/Guardian: Date:

#### Permission to Seek Emergency Medical Care

I hereby give consent for **STAFF**, to seek and sign consent for emergency medical care in the event that I am unable to do so for myself. It is understood that **STAFF** will attempt to locate me, or another legally responsible adult, as quickly as is possible in the emergency situation.

Client/Parent/Guardian: Date:

#### Client Rights/Grievance Policies (See Handout)

I have received and had explained to me the Client Rights handout. **STAFF** gave me this handout and verbally explained my rights as a client.

Client/Parent/Guardian: Date:

1. **Privacy Rights (See Handout)**

###### I have received and had explained to me the Privacy Rights handout. **STAFF** gave me this handout and verbally explained my rights concerning the privacy of information as a client. I understand these rights are designed to protect my privacy.

Client/Parent/Guardian: Date:

I understand that one of my rights is to be able to choose how I am contacted.

I ***do/do not*** *(please circle one)* give permission for **STAFF** to contact me at work.

Furthermore, I ***do/do not*** *(please circle one)* give permission for **STAFF** to leave voice messages for me at ***home/work/both/neither*** *(please circle one).*

Client/Parent/Guardian: Date:

I, **STAFF**, have explained and provided copies of the following: Client Rights/Grievance Procedure Handout; the Privacy Rights Handout; and the Service Description to the Client/Parent/Guardian of the client to be served.

Signature: Date:

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_