

H.I.S. Counseling - Client Information



Name: _____ Age: _____ Date of Birth: _____

Male ____ Female ____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Guardian Name (if applicable): _____

Please read each of the following and initial:

_____ **I understand that everyone needs the opportunity to share. I will be respectful, listen to others without interrupting them, and will try my best to participate with the group.**

_____ **I understand that I will not be required but I will be encouraged to speak during group sessions.**

_____ **I understand and agree that nothing discussed within the group session is to be disclosed to anyone outside of the group. I agree to not disclose the identity or any information that would help to identify another group member. **If someone discloses information revealed in group, or any individual's identity that is in attendance, to an outside person or entity then the offender will be asked to not attend the remaining group sessions.****

_____ **I understand a financial donation is accepted (but not required) at the time of service.**

I have read, understand and agree to abide by the above policies. If services are for a minor child, I avow that I am the legal custodian/guardian/parent of said child and authorize services for that child.

Signature of Client/Guardian: _____

Date _____