

Unity Counseling Clinic

Patient Demographic Information Form

Patient Name: _____ Patient DOB: ___/___/___

Address: _____ SSN: ___-___-___

City: _____ State: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Gender: Male Female

Marital Status: S M D W Sep

Emergency Contact: _____ Phone# _____ Relation: _____

Family Doctor: _____ Phone# _____

Referral Origin : _____ Phone# _____

Primary Health Insurance: _____ Policy# _____

Group# _____ Insurance Phone: _____

Primary Card Holder Name: _____ DOB: ___/___/___

Primary Card Holder Employer: _____

Secondary Health Insurance: _____ Policy# _____

Group# _____ Insurance Phone: _____

Primary Card Holder Name: _____ DOB: ___/___/___

Primary Card Holder Employer: _____

Insurance benefit(for office use only)

Unity Counseling Clinic

Informed Consent Form

Welcome to the Unity Counseling Clinic. Please carefully review the following, discuss any questions with your mental health therapist, sign and date. Upon completion, you will receive a copy of this form for your records.

Eligibility of services. All members of the community are eligible for services.

Counseling Services. Unity Counseling Clinic provides a range of counseling services, including individual therapy, group therapy, family and couples counseling, crisis intervention, career counseling and other general personal concerns.

Confidentiality. All communications between you (your child) and mental health therapist will be held in the strictest confidence. All staff abides by the NASW and ACA Code of Ethics regarding confidentiality. Please be aware that per federal and state law, your counselor/social worker must disclose the following information if and when necessary:

The mental health therapist is bound by the Child Protection Law of 1975 to report any and all suspected child abuse or neglect allegations to the Michigan Department of Human Services.

The mental health therapist is bound by Michigan state law to report any and all suspected elder abuse or neglect allegations to the Michigan Department of Human Services.

If a client makes any statements threatening to harm an individual or group of individuals, The mental health therapist is required by Michigan state law to inform local law enforcement and any threatened individual or group.

If a client appears to be at risk to himself/herself, The mental health therapist may inform the emergency contact person listed on the general information form to ensure the client's welfare.

Treatment history: The client will be asked to provide the Clinic with medical records about the client or client's child prior to meeting with the mental health therapist.

Appointment Policy: If you need to change or cancel an appointment, please call the clinic at 313-537-6449 within 24 hours of your appointment. If you miss an appointment without calling within the 24 hours grace period, you will incur a "No Show/ No Call" fee of \$ 60. Arriving 15 or more minutes late for the appointment will result in the cancellation of the session. You are not guaranteed your appointment time if you consistently arrive late to sessions. If you miss two consecutive appointments, your case may be terminated.

Emergency Services: If you are in need of emergency services before or after the designated Clinic hours, you are advised to go to the nearest emergency room or call 911 if necessary.

I affirm that I have read the policy and procedure statements appearing on this document.

Signature of patient, parent, or legal guardian

Date

Mental health therapist

Date