



The Center for Counseling & Wellness

Client Intake Signature Form and Virtual Care Emergency Contact Information

Client Name _____

My signature below confirms that I have received, reviewed, and/or completed a copy of:

- **The Center for Counseling & Wellness' Disclosure Statement with Informed Consent to Participate in Clinical Counseling, HIPAA Rules, and Virtual Care Disclosure**
- **Notice of Privacy Practices for The Center for Counseling & Wellness**
- **The Center For Counseling & Wellness Biopsychosocial History Intake Form**
- **My counselor's personal Professional Disclosure Statement**

and have had an opportunity to discuss any questions I have about this information. I acknowledge that a copy of these documents has been made available to me at no charge and that they are available on our website at thecenter4counseling.com.

Client's Signature (Parent/Guardian if client is a minor)

Date

Witness Signature

Date

In emergency situations for Virtual Care, contact: _____ at _____
Local Police Department Phone #

For disruption of service for Virtual Care, contact: _____ at _____
Land line or other cell phone Phone#

My Client Support Person for Virtual Care is: _____ at _____
Name Phone #

My email address is: _____