

Carol Colhoun LCSW, LCDC

Client Information

Client Name _____ Sex M F Age _____ Birth Date _____
First Middle Last

Address _____
Street City State Zip

Employer _____ Home Phone # _____ Work Phone # _____

Cell Phone # _____ E-Mail Address _____

May I contact you/leave messages on home # _____ cell # _____, work # _____, and/or E-Mail? _____

Occupation _____ Marital Status: ___Married ___Single ___Divorced ___Separated ___Widowed

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In the event of an emergency, please notify:

Name _____ Relationship _____

Phone _____ Address _____

Release of Information: I authorize the release of the results of this Substance Abuse Assessment and Recommendations to: _____

Signature _____ Date _____

Statement of Understanding, Consents, and Office Policies (Please read carefully)

Informed Consent for Treatment: I, the undersigned, and/or my undersigned guardian, voluntarily consent (or give my consent, that the person/persons for whom I am responsible) to participate in a Substance Abuse Assessment with **Carol Colhoun, LCSW, LCDC**.

Consent to Treat a Minor: (if applicable) I (we), the undersigned parent(s) or guardian(s) of a minor:

Name: _____, Birth Date: _____,

give full and unconditional authority to proceed with a Substance Abuse Assessment. This consent is given by me(us) as parent(s) or guardian(s) of said minor. It is distinctly understood that Carol Colhoun, LCSW, is hereby fully released from any claims and demands which might arise, grow out of, or be incident to the Substance Abuse Assessment of said minor, provided that her duties are performed with ordinary care, professional responsibility, and to the best of her ability.

General Policy Statement: In order to maintain a safe counseling environment, clients participating in Substance Abuse Assessments must be abstinent from mood altering drugs and chemicals, including alcohol and any illegal substances.

Fees and Financial Policies: Payment is due at the time that services are rendered. My fee for Substance Abuse Assessments is \$120, to be paid in cash. This includes a \$35 document preparation and processing fee.

Confidentiality: All information shared with me is considered strictly confidential (unless you have signed an Authorization for the Release of Information), and will be respected and treated as such according to professional ethical standards and within the legal boundaries governing our relationship agreement. An exception should be noted, however, when I feel, based on information shared with me, that your life or someone else's life might be in danger, or if there is suspicion of child abuse, elder abuse, or sexual abuse. In that case, I would contact the appropriate persons or authorities.

Cancellation Policy: When you have a scheduled appointment, that time slot is saved for you. **Should you need to cancel or reschedule an appointment, please do so at least 24 hours in advance to avoid a charge for the session. The "No Show" fee is \$60. These no-show fees must be paid before or at the time of the next session.**

I have read, understand, and agree to abide by the above policies and informed consent:

Client

Date