

Collage Counseling Center Registration Form

Client name: _____ Status (circle): Single /Married /Widowed /Divorced /Minor

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

Please mark your preferred method of contact with a *:

Home Phone: () _____ Cell phone: () _____ Email: _____

_____ Initial here to authorize CCC professionals to use texting as a method of contacting you.

Date of Birth: _____ Driver's License # : _____ SSN: _____

Religious preference: _____ Occupation: _____ Employer: _____

Spouse/Partner's name: _____ Guardian name (if Minor) _____

Children Name(s) & Age(s) _____

Emergency Contact Name _____ Relationship _____ Phone () _____

Referred By: _____

Primary Care Physician name: _____ Phone () _____

Information of the Responsible Party or Insurance Holder

Name: _____ DOB: _____ Relationship to Client: _____

SSN: _____ Phone () _____

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

Employer's Name: _____ Phone () _____

Address: _____ City : _____ Zip: _____

Assignment of Benefits & Financial Agreement

I understand that I am financially responsible for all charges, whether or not they are covered by insurance. In the event of default, I agree to pay all costs of collection, and responsible attorney fees. I hereby authorize this healthcare provider to release all information necessary to secure the payment of benefits. I further agree that a photocopy of this agreement shall be as valid as the original.

Client/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Insurance Card Copied Drivers License Copied

**COLLAGE COUNSELING CENTER
RELEASE OF INFORMATION
CONSENT FORM**

The placement of my initials indicates my consent to the disclosure of this information as outlined by the following parameters. This consent is in effect until revoked in writing.

I, _____ hereby authorize _____ of Collage Counseling Center, to:
(Client) (Collage Therapist)

_____ (initial) Discuss (verbally or in writing) any relevant material (as indicated below) that has been brought up during treatment with the staff of clinic, office, agency, or institution's named below

_____ (initial) Obtain any relevant information contained in my records (as indicated below) from the staff of clinic, office, agency or institution's named below

_____ (initial) Provide any relevant information contained in my records (as indicated below) to the staff of clinic, office, agency or institution's named below:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Please state if there are any specific exclusions to the Education, Psychological or Medical record disclosures:

Client/Guardian Signature: _____ Date: _____



Collage Counseling Center Policies & General Information

- Your participation in Collage Counseling Center (CCC) programs can result in a number of benefits, including improving interpersonal relationships, and resolution of the specific concerns that led you to CCC. Working towards these benefits requires effort on your part. The CCC programs require active involvement, honesty, and openness in order to achieve optimal results. The CCC Professional will ask for your feedback and views on your sessions, progress, and other aspects of the program.
- During evaluation or program sessions, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. The CCC Professional may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed.
- Attempting to resolve issues that brought you to CCC in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. CCC sessions may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision, that is positive for one family member, is viewed quite negatively by another family member.
- Change will sometimes be easy and swift, but more often it will be slow and possibly frustrating. There is no guarantee that these services will yield positive or intended results.
- During the course of the program, your CCC Professional is likely to draw on various approaches according, in part, to the problem that is being treated and the assessment of what will best benefit you. These approaches include behavioral, cognitive-behavioral, coaching, psychodynamic, system/family, developmental (adult, child, family), or psycho-educational. If you have any unanswered questions about any of the procedures used in the course of your therapy, their risks, or about the treatment plan, please ask, and you will be answered fully.

CONFIDENTIALITY:

- Here at Collage Counseling Center, we make every effort to provide you with an integrative approach, which may at times involve case reviews amongst other CCC professionals. These professionals all adhere to the confidentiality guidelines set forth in these policies.
- All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: Where there is a reasonable suspicion of child or elder abuse or neglect; where a client presents a danger to him/herself or to others, or is gravely disabled.
- If there is an emergency that causes the CCC Professional to become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he/she is obliged to do whatever possible within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he/she may also contact the person whose name you have provided on the CCC Release of Information/Consent Form.
- Due to the natural progression of therapy and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (patient's), your attorney, nor anyone else acting on your behalf will call on the CCC Professional to testify in court or at any other proceedings, nor will a disclosure of the therapy records be requested.
- As a patient, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when the CCC Professional assesses that releasing such information might be harmful in any way. In such a case, the records may be provided to an appropriate and legitimate mental health professional of your choice.
- The CCC Professionals consult regularly with other mental health professionals regarding their patients; however, patients' names and other identifying information are never mentioned and confidentiality is fully maintained.

TELEPHONE & EMERGENCY PROCEDURES:

- To contact your CCC Professional between sessions, please leave a message at (248) 497-0883. Professionals check their messages daily and your call will be returned as soon as possible.
- If an emergency situation arises and no one is available to take your call, please call 911 or one of the following for assistance: 24hr. crisis line – Macomb County (586) 307-9100 Oakland County (248) 456-1991 24 hr. Psych Emergency at St. Joseph’s Hospital (586) 466-9895

PAYMENTS & INSURANCE REIMBURSEMENT:

- Clients are responsible for the standard fee set by their professional for the services they are receiving, payable at the time of service. Additional services requested by the client (such as writing letters, making phone calls or visits to doctors or schools on the client’s behalf, etc.) will be billed at a rate of \$25 for every 15 minutes required for such service.
- The CCC accepts Cash or Personal Check payments.
- There is a “Returned Check” fee of \$25 in the event that a check does not clear.
- Collage Counseling Center can provide you with a copy of your receipt, which you can submit to your insurance company for reimbursement. The Collage Counseling Center does not guarantee that your insurance company will provide reimbursement for services rendered. Not all issues/conditions/problems, which are the focus of services offered at CCC are reimbursed by insurance companies. In addition, insurance company policies vary with regards to professional licensure requirements required for reimbursement. It is your responsibility to verify the specifics of your coverage and to work out arrangements for reimbursement with your insurance company directly.
- Contact your CCC Professional for information regarding provider approval for insurance coverage.*

CANCELLATION:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or canceling an appointment to avoid being charged for the session. Most insurance companies do not reimburse for missed sessions.

Client/Guardian Printed Name: _____

Client/Guardian Signature: _____ Date: _____