Counseling Office of Eileen Dewey, LCSW-C and Associates[sm]

Today's Date: _____________

Client Name:_____________________________ Date of Birth:___________

Address:____

City:____________________________ State:__________ Zip:___________

Home #:_________________________ Cell #:_________________________

Emergency Contact Person: _______________________________________

Relationship: ________________________________

Phone # ____

What is the primary purpose of today's visit? _____________________________

____

Are you under the care of another provider at this time? ____________

Name:____________________________ Phone #__________________________

How did you hear about us? ____

5570 Sterrett Place Suite 205 Columbia, Maryland 21044
Phone (410) 730-1333 Fax (410) 730-1559
www.CACCounseling.com

Client Requirements

Following today's visit, an education or counseling program may be recommended for you. We need you to be aware of our program guidelines in the event you enroll in a program.

Attendance

- Attendance at all scheduled sessions is expected.
- If you arrive more than ten minutes late to a group session, you will not be admitted.
- If you are late to an individual session, you are still responsible for the full cost of the session.

Abstinence and Drug/Alcohol Testing

- *Every client* is subject to random urinalyses and breathalyzers.
- Refusal to submit to a urinalysis or breathalyzer is considered to be a positive test result.
- The fee for these tests is the financial responsibility of the client. Urine screens are $40 each.

Our center is a drug-free and alcohol-free program. You agree to remain abstinent from all mood-altering substances while in this program. If you test positive, you will be required to meet with your counselor or program director for a reassessment. A reassessment is $75-$120 depending on length of the session.

Cancellation Policy

- We require at least 24 hours advanced notice for cancellations of individual appointments, or the full fee of the appointment will be charged.
- If you are unable to attend a group session, you must call our office before the group begins, or the full group fee will be charged.

Fees

- All fees are due at the time of service.
- If payment is not current, we are under no obligation to deliver services.
- You will be charged for all missed sessions unless you give the proper advance notice.
- You will not receive a refund for missing a portion of any session, including Operation Breakthrough.

I understand these expectations and, if enrolled into a program, I agree to this contract:

______________________________ ____________________________

Client Signature **Date**

______________________________ ____________________________

Parent or Guardian Signature **Date**

Consent for the Release of Confidential Information

____

(Your physician, spouse, counselor, etc.)

☐ I authorize Columbia Addictions Center to release *any portion* of my client record to the person or organization I have written above; I further authorize Columbia Addictions Center to obtain information from the person or organization list above.

-OR-

☐ I authorize Columbia Addictions Center to release *only* the following information to the person or organization I have written above:

_____Initial Evaluation

_____Progress, Attendance and Discharge reports

_____Urinalysis or Breathalyzer results

Signed by: ______________________________ ______________________

Signature of Patient or Legal Guardian | Relationship to Patient

______________________________ ______________________

Print Patient's Name | Date

This authorization will be valid for one year unless I otherwise specify

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization.