

Brooks

COUNSELING & CONSULTING SERVICES

COMPLETE CLIENT INTAKE & CONSENT PACKET

Brooks Counseling & Consulting Services

Executive Clarity. Emotional Restoration. Strategic Growth.

Please complete all fillable sections before your appointment.

This packet includes intake information, HIPAA notice, telehealth consent, and client acknowledgment.

Client Intake Information

Appointment Information

Initial Appointment Date:

Personal Information

First Name: Middle Initial: Last Name:

Date of Birth: Sex: Marital Status:

How did you hear about us?

Contact Information

Address:

City: State: Zip:

Home Phone: Work Phone:

Cell Phone: Email Address:

Physician Information

Physician Name:

Physician Address:

Emergency Contact Information

Full Name: Relationship to Client:

Phone Number: Cell Phone:

Address:

Confidential Client Information

Are you currently receiving treatment for an illness, injury, or medical condition?

Yes No

If yes, please explain diagnosis and current treatment(s):

Counseling Goals

Please describe your goals for counseling or consulting services:

Areas of Concern

- | | |
|---|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Family Relationships | <input type="checkbox"/> Financial Concerns |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Parenting Concerns | <input type="checkbox"/> Work-Related Concerns |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Poor Communication |
| <input type="checkbox"/> Marital Relationship | <input type="checkbox"/> Divorce Recovery |
| <input type="checkbox"/> Custody Issues | <input type="checkbox"/> Eating Disorder |

Other (please describe):

Client Acknowledgment

HIPAA Notice of Privacy Practices

Brooks Counseling & Consulting Services is committed to protecting the privacy and confidentiality of your protected health information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable Texas law.

Protected health information may include information regarding your physical health, mental health, treatment, payment information, appointment records, intake forms, communications, and other identifying information related to services provided.

Your information may be used or disclosed for purposes including treatment, payment processing, healthcare operations, scheduling, professional consultation, legal compliance, insurance claims, and other lawful purposes permitted under HIPAA.

Your information will not be disclosed without your written authorization except where required or permitted by law, including situations involving suspected abuse, threats of harm to self or others, court orders, subpoenas, or governmental investigations.

You have the right to:

- Request access to your records;
- Request corrections to your records;
- Request restrictions on disclosures;
- Receive confidential communications;
- Receive a copy of this privacy notice;
- File a complaint regarding privacy concerns.

Brooks Counseling & Consulting Services maintains safeguards to protect the confidentiality and security of your information through secure professional and administrative practices.

Telehealth Emergency Contact & Safety Information

For virtual, phone, or telehealth services, the Client agrees to provide accurate emergency contact and location information in case emergency intervention or wellness checks become necessary during services. The Client understands that Brooks Counseling & Consulting Services does not provide emergency crisis intervention services and that emergency situations require immediate contact with 911 or local emergency services. The Client agrees to notify the provider of their physical location at the beginning of telehealth sessions when requested for safety purposes.

Emergency Contact Name:

Relationship to Client:

Emergency Contact Phone Number:

Telehealth Safety Information

Client Current Address/Location:

Nearest Hospital/Emergency Facility:

Primary Care Physician (Optional):

Emergency Disclaimer

Brooks Counseling & Consulting Services does not provide emergency crisis intervention services. Clients experiencing emergencies should contact 911 immediately or go to the nearest emergency facility.

Confidentiality, Consent & Service Policies

CONFIDENTIALITY

All client information disclosed during services shall remain confidential except where disclosure is required by law or necessary to prevent harm.

RECORDING CONSENT

Clients are prohibited from recording sessions. The Client acknowledges and consents that Brooks Counseling & Consulting Services may record sessions for documentation, legal protection, supervision, training, or quality assurance where permitted by law.

NO GUARANTEE OF RESULTS

No guarantees are made regarding emotional healing, business growth, leadership development, financial gain, or personal outcomes.

TELEHEALTH CONSENT

The Client accepts risks associated with electronic communication, virtual sessions, internet interruptions, and privacy limitations connected to telehealth services.

EMERGENCY DISCLAIMER

Brooks Counseling & Consulting Services does not provide emergency crisis intervention services. Clients experiencing emergencies should contact 911 immediately.

PAYMENT & CANCELLATION POLICY

The Client agrees to payment obligations, cancellation fees, and no-show policies associated with services provided.

CLIENT ACKNOWLEDGMENT & CONSENT

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the policies, disclosures, HIPAA notice, telehealth consent, intake information, and terms contained within this packet.

Client Acknowledgment & Signatures

By signing below, I acknowledge that I have read, understood, and voluntarily agree to the policies, disclosures, HIPAA notice, telehealth consent, intake information, and terms contained within this packet.

Client Signature: Date:

Printed Name:

Audrey Brooks Signature: Date:

Note: Signature fields are fillable text/signature lines compatible with common PDF readers. For certified digital signatures, open in Adobe Acrobat.