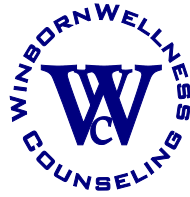


Winborn Wellness & Counseling, LLC

Renee Heacox-Winborn, LCSW

Waldo Winborn, LPCC

415 W. Hemlock
Deming, NM 88030



WinbornWC.com
575-694-5478

Client Registration Form



Client Detail

Registration Date: _____ Crisis Client: Y N

Client Name: _____
(First) (Middle) (Last)

Referral Source: _____

Date of Birth: _____ Current Age: _____

Social Security Number: _____ Gender: Male Female

School: _____ Grade in School: _____

Ethnicity: _____ Race: _____ Tribal Affiliation: _____

Primary Language: _____

Client Address: _____
(Street) (City)

(County) (State) (zip)

Phone Number: _____
(Home) (Cell) (other)

Parent/Guardian Name(s): _____

Employer: _____ Work Phone: _____

Marital Status: Married Single



Client's Name: _____

Monthly Household/Family Income: _____

Number of Dependents in Household/Family: _____

Family Member: _____ DOB: _____

Family Member: _____ DOB: _____

Family Member: _____ DOB: _____

Family Member: _____ DOB: _____

Family Member: _____ DOB: _____

Family Member: _____ DOB: _____

Insurance Provider: _____

(Name)

(Phone number)

Insured ID Number: _____

Emergency Contact: _____

(Name)

(Phone number)

Criminal Justice Referral: Y/N

Start Date: _____ Diagnosis Date: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____



Client's Name: _____

WINBORN WELLNESS & COUNSELING, LLC

Client Rights and Responsibilities

Client Rights

As a client of Winborn Wellness & Counseling (WWC), I have the following rights:

1. To all services or activities provided by WWC regardless of race, color, religion, national origin, age, sex, sexual preference, or physical or mental disability.
2. To be treated with dignity and respect by staff, volunteers and other clients.
3. To be fully informed of all services available.
4. To confidentiality of my records except for funder review of files.
5. To confidentiality of interaction with staff and volunteers within WWC.
6. To refuse any of the services offered.
7. To voice opinions and recommendations about services I received from WWC.
8. To a grievance procedure if I believe I have been treated unfairly.

Client Responsibilities

As a client of Winborn Wellness & Counseling, I assume the following responsibilities:

1. To treat the volunteers and staff with respect and dignity.
2. To abide by any WWC rules
3. To conduct myself in a responsible adult manner.
4. No *violence* will be tolerated.

Individual Counseling:

- A. Keep appointments. Notify the counselor a minimum of 24 hours before a scheduled appointment if I am unable to keep it.
- B. Inform my counselor of any court orders or legal actions which may affect counseling.
- C. Refrain from the influence of drugs or alcohol.



Client's Name: _____

Group Counseling:

- A. All group members are entitled to privacy. Group members will not discuss each other outside of the meetings.
- B. No destruction of personal property.
- C. No one will be admitted to the group if under the influence of drugs or alcohol.
- D. Members will respect the dignity of each other.
- E. Members will make every effort to be honest among and with themselves at all times.

I have read my rights and responsibilities as a client. My signature means I understand and accept them.

Client Signature: _____ Date: _____



Client's Name: _____

WINBORN WELLNESS & COUNSELING, LLC

Consent for Services

I, _____, have voluntarily/or have been court ordered to contact Winborn Wellness & Counseling for their available services for myself and/or my children. I will not hold Winborn Wellness & Counseling its staff, volunteers, or any persons connected with the organization liable for their acts or responsible for any accidents or injuries which might happen to me or to my children while at Winborn Wellness & Counseling offices or places where counseling is held or while being transported by someone during said acts performed on behalf of myself or my children.

I understand that any information I furnish about myself or my family will be confidential between myself and Winborn Wellness & Counseling personnel or any person acting for Winborn Wellness & Counseling. Except, as noted in the Exceptions to Confidentiality section below.

CONFIDENTIALITY STATEMENT:

We place a high value on the confidentiality of the information that our clients share with us. This sheet was prepared to clarify our legal and ethical responsibilities regarding this important issue.

RELEASE OF INFORMATION TO OTHERS:

If, for some reason, there is a need to share information in your record with someone not employed here (for example, your physician or another therapist), you will first be consulted and asked to sign a form authorizing transfer of information. The form will specify the type of information and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving us written notice.

EXCEPTIONS TO CONFIDENTIALITY:

There are several important instances when confidential information may be released to others.

1. Insurance and/or funding reimbursement information
2. If you have been referred to this agency by court order, you can assume the court will wish to receive some type of report or evaluation
3. If you or your child threaten to harm either yourself or someone else and we believe your threat to be serious, we are obligated under the law to take whatever actions seem necessary to protect you or others from harm.
4. If we suspect or have reason to believe that you are abusing or neglecting your children or are being abused, we are obligated by law to report this to the appropriate state agency.

I understand that the Winborn Wellness & Counseling is funded by state and federal grants, and therefore, is required to provide demographic information to the funders for accountability purposes, and to capture the elements that describe the clients.

Knowing that this information will describe general aspects of myself and/or my children, I agree to allow Winborn Wellness & Counseling to use the information on this intake to comply with funding requirements, research data and the agency's ability to evaluate itself. I further understand that none of this information will violate my confidentiality.

I give permission to agents of Winborn Wellness & Counseling to contact me in anyway I shared with them including phone, text, email, electronic medical record service, or other medium I reach out them.

I have read and understand all of the above and agree to it. My signature below shows that I understood and agree with all of these statements:

Client Signature: _____ Date: _____



Client's Name: _____

WINBORN WELLNESS & COUNSELING, LLC

GRIEVANCE POLICY

Per the Client Rights and Responsibilities signed by the client upon admission, the formal grievance policy is as follows:

1. Client is to speak directly and openly about the problem with the staff member most directly involved in the situation. If the client feels the discussion with the staff has not resolved the issue or that the nature of the problem makes it inappropriate to openly confront the person involved, then the client should:

2. Discuss the grievance or complaint with his/her Clinician. If the client's Clinician is the person in step 1 and the problem is not resolved, the client should move to step 3.

3. Discuss the grievance with Program Director, Waldo Winborn.

4. If the client is still not satisfied he/she may fill out a grievance form.

5. A written response will be provided to the complaining party and, as applicable, the parent, legal or treatment guardian, regarding resolution of each complaint or allegation.



Client's Name: _____

Release of Information

General Release of Information

Winborn Wellness & Counseling receives funding from various state, federal, and private foundation sources. To receive this funding, we must provide regular statistical reports to them regarding the clients we serve. Your identity will not be revealed. Information like age, income, and number of children in the household may be released.

Funders periodically come on site to do a confidential inspection of our facility, programs and random client files. We have their assurance that all information will remain confidential and no copies are taken from our office.

I give my permission to release information to funders for statistical purposes. I also give my permission to release information to funders doing confidential inspections at our facility.

I have read and understand the above information.

Client Signature: _____ Date: _____

Specific Release of Information

I, _____ give Winborn Wellness & Counseling permission to release information to the following:

_____	-	_____
(Agency)	(Date from)	(Date to)
_____	-	_____
(Agency)	(Date from)	(Date to)
_____	-	_____
(Agency)	(Date from)	(Date to)
_____	-	_____
(Agency)	(Date from)	(Date to)



Client Signature: _____ Date: _____



Client's Name: _____

School Visit Authorization Form

Date: _____

While participating in WWC programs, there will be scheduled times where each individual will have the opportunity to participate in group, individual or family therapy.

I _____ give my permission for staff members
(parent/guardian)

associated with Winborn Wellness & Counseling to pick up and transport my child and/or visit my
child _____ at school in order to attend therapy.
(program participant)

Parent/Guardian Signature: _____ Date: _____

