



Mandy Jordan, PhD

Trauma Specialist

NEW CLIENT INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS:		
CITY:	STATE:	ZIP:
DATE OF BIRTH:	REFERRED BY:	
HOME PHONE: ()	LEAVE A MESSAGE?	___ YES ___ NO
CELL PHONE: ()	LEAVE A MESSAGE?	___ YES ___ NO
WORK PHONE: ()	LEAVE A MESSAGE?	___ YES ___ NO
EMAIL ADDRESS:		
OK to leave confidential, detailed message? ___ Yes ___ No		
PERSON TO CONTACT IN CASE OF EMERGENCY:		
RELATIONSHIP TO YOU:	CONTACT PHONE: ()	

INFORMED CONSENT FOR TREATMENT
<p>I authorize and request that Mandy Jordan, PhD, carry out psychological assessments, diagnostic procedures and/or treatments which, now or during the course of my care as a client, as advisable. I understand that the purpose of these procedures will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may, at times, be difficult and uncomfortable.</p> <p>Signed by client: _____ Date: _____</p>

CONFIDENTIALTY
<p>All information between counselor and client is held in strict confidence by the counselor. There are specific and limited exceptions to this confidentiality which include the following:</p> <ol style="list-style-type: none"> 1) The client authorizes release of information by signature as specified on the Release of Information Form; 2) Where there is a clear threat to do serious bodily harm to yourself or others; 3) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult or a person with developmental disabilities; 4) In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction; 5) Information that must be provided to insurance companies and/or EAP entities as required for the payment of claims, certification/authorization or case management or other purposes related to the benefits of client's health plan. <p>I have read and understand the HIPAA policy statement provided to me by my counselor:</p> <p>Signed by client: _____ Date: _____</p>