

CLIENT REGISTRATION

Client information			
Name (first, middle, last)		Birth date	
Address	Suburb	State	Postcode
Home phone	Mobile	Email address	

Spouse/Partner information (if applicable)			
Name (first, middle, last)		Birth date	
Address	Suburb	State	Postcode
Home phone	Mobile	Email address	

Authorization for Release of Information	
<p>Many clients are working with a third party, such as a doctor or religious leader, in the course of their therapy. If you wish, you may write their names below to give me permission to communicate with them regarding your progress.</p> <p>Please note that if you are being subsidized by a third party, you must authorize release of information to them.</p> <p>"I hereby authorize Samuel Ryland to obtain/release information pertaining to my evaluation and/or treatment to/from the following listed names. I understand that authorization shall remain valid from the date of my signature below. I understand that I may revoke this authorization by written or oral communication to Samuel Ryland."</p> <p>Names:</p>	

Description of Services	
<p>Please review the following information carefully. Your goals are more likely to be met when you understand the nature and limitations of counselling.</p>	
<p>Benefits and Risks</p> <p>Generally, counselling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, or behaviours. Your progress will be largely dependent on your willingness to participate in the process. Most people experience improvement or resolution to the concerns that brought them to counselling. However, in some cases persons have reported feeling worse after counselling. Healing and change is difficult, and some discomfort will likely be a part of the counselling process.</p> <p>Confidentiality</p> <p>We understand that the information you share in counselling is of a personal nature, and that you would want it to remain private. Confidentiality will be maintained unless you give us specific permission to share information with others. However, we may be required by law to disclose confidential information if there is reason to believe that a child</p>	<p>has been abused or neglected, or that you may be in danger of harming yourself or others.</p> <p>Waiting Room/Children</p> <p>Please arrange for small children to remain at home unless specifically asked to bring them as part of family therapy. Children may not be left unattended in the waiting area.</p> <p>Client Follow Up</p> <p>We may follow up with you some time after counselling has ended to check in and see if gains made in counselling have been maintained, and to potentially fill out an anonymous survey. If you would prefer not to be contacted, please inform us and your preferences will be respected.</p> <p>"I have read the above information, and understand that I am encouraged to ask questions and give input regarding the counselling process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification."</p>

Signatures			
Client Signature	Date	Client Signature	Date

