Date: ________________________________
If yes, please list ________________________________

Gender: □ Male □ Female

Name: ____________________________________________ Date of Birth: ____________________ Age: __________

Address: _________________________________________________________________________________________

City: ______________________________________________ State: ___________________ Zip Code: _____________

Email Address: ____________________________________________ Social Security Number: __________________________

Confidential Home Work
Phone: __________________________ Phone: __________________________ Phone: __________________________

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Separated □ Partner

Additional Information:
How did you find out about the Student Health Center?
□ Friend □ Flyer □ Instructor □ Information Table □ Other ____________________________

Ethnic Background:
□ Caucasian □ Latino □ Native American □ Asian □ Pacific Islander □ African American □ Other

Are you a United States Veteran? □ No □ Yes
Were you homeless this year? □ No □ Yes
Do you have health insurance? □ No □ Yes, what kind? ____________________________

Emergency Contact:
Person to contact in case of emergency: ____________________________ Relationship to you: __________

Address: ____________________________________________ Contact Telephone: __________________________

CONFIDENTIALITY AGREEMENT
It is the policy of this agency that all communication between the Mental Health Worker and the client remain private and confidential. No person shall have access to information arising from a counseling session. Case information will be secured from and released to an identified individual person or professional agency only with the client’s written permission. At times, confidential information is disclosed during clinical supervision of interns; however, the supervisor and intern colleagues are bound to legal and ethical standards of confidentiality as well.

This means that unless you have given written authorization, NVC Mental Health Services and specifically your therapist will not release any information regarding your association with us except for the following reasons:

- Suspected child abuse
- Suspected elder and/or dependent adult abuse
- Serious suicidal threats or when disclosure is necessary to prevent serious, foreseeable, and imminent harm
- Serious homicidal threats (threats of violence toward someone else)
- Legally ordered release of information (court order)

Should it be necessary to release information for any of the stated reasons, the Mental Health Worker will attempt to the greatest extent possible to inform clients first. Should you have any questions concerning confidentiality or the release of information, please speak to your Mental Health Worker. Initials: __________________

Patient Consent to Privacy:
Required as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I have received or reviewed a copy of the Napa Valley College Student Health Center Notice of Privacy Practices, which describes how information about me (as a patient of this clinic) may be used and disclosed, and how I can get access to my individually identifiable health information.

Initials: __________________

Patient Signature: ____________________________________________ Date: __________________________
Napa Valley College Student Health Center
Mental Health Services
-This information is confidential-

Name: ________________________________________ Date: ____________________________

What problems or concerns have brought you to counseling?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Client Contact (For Office Use):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________