

Karen Drack

Registered Mental Health Counselor Intern

Beachside Counseling & Wellness, LLC 122 4th Ave, Suite 200, Indialantic, FL 32903

Ph: 321-327-3793

Client Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthplace: City/ State/ Country _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Please check best number to leave message)

Email: _____ Would you like reminder messages via email? Y N

Gender: (M/F) _____ Date of Birth: _____ Social Security No: _____

Referred by: _____ Phone: _____

May I thank this individual for the referral? (Please Initial) Yes: _____ No: _____

Responsible Party Information (IF OTHER THAN CLIENT) Relationship: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Information

Employer: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Please complete the other side of this form

The self-pay fee for psychotherapy services is \$75.

I have reviewed the Introduction to Psychotherapy and Financial Agreement information, and I voluntarily agree to participate in psychotherapy services.

Print name

Signature of client or responsible party

Date

Registered Intern Independent Contractor Counseling Acknowledgement Form

The mission of Beachside Counseling & Wellness, LLC is to provide mental health and nutrition counseling services. To help meet the needs of the community, Beachside Counseling & Wellness, LLC provides clinical supervision to **Registered Mental Health Counselor Interns (RMHCI)** as part of their training in order to become Licensed Mental Health Counselors. A RMHCI is a therapist who has completed their graduate education and is required to practice under a Florida Qualified Clinical supervisor for a minimum of two years prior to seeking licensure. These therapists are not employees, agents, or partners of Beachside Counseling & Wellness, LLC.

In signing this Acknowledgement, I understand that:

1. I will be receiving psychotherapy services from Karen Drack, who is a Registered Mental Health Counselor Intern (RMHCI) and is considered an Independent Contractor, not an employee, agent or partner of Beachside Counseling & Wellness, LLC.
2. Karen Drack, RMHCI, will be supervised by Lucy Lauer, LMHC/Owner of Beachside Counseling & Wellness, LLC.
3. My treatment will be reviewed and discussed with Lucy Lauer, LMHC and she will have access to my clinical record.
4. My clinical records remain the property of Beachside Counseling & Wellness, LLC and will be kept confidential according to the law.

Signature of client, parent, or legal guardian (if participant is a minor)

Print Name

Signature

Date

Witness

Date