



WESTSIDE CENTER
for COUNSELING and THERAPY
205 S. Minnesota Street
Carson City, NV 89703-4269

NEW CLIENT INSTRUCTION LIST

Please take a few minutes to fill out the attached forms and bring all items with you for your first session. If you have any questions, please discuss them with your therapist:

- 1) APPLICATION FOR SERVICES - **Please fill out, read responsibility clause and sign.**
- 2) WESTSIDE CENTER OFFICE POLICIES - **Please read, indicate where we may reach you and sign.**
- 3) CLIENT RIGHTS / CONFIDENTIALITY - **Please read and sign.** If you would like a copy we would be happy to provide one.
- 4) HIPPA - PRIVACY PRACTICES NOTICE - **Please check one of the two choices, sign, date and print your name.** Your therapist can provide a copy of the Guidelines if you so choose.
- 5) ADULT or PARENT HISTORY OR QUESTIONNAIRE - **Please fill out either for yourself or your child.**
- 6) CHILD and ADOLESCENT CONSENT TO TREAT - **Please read, sign and date.** If you have any questions regarding this policy, please discuss with your therapist at the first session.

If you are using insurance,

- 7) You will be asked to sign a HCFA INSURANCE FORM when you get to the office!!
- 8) Please bring your insurance card and co-pay with you. For your convenience, we accept check, cash and credit/debit cards.