



CONFIDENTIAL APPLICATION

Assessment #: _____

Name: _____ Date: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apt.) (City) (State) (Zip)

Can we mail you at this address? (Circle one) **Yes** **No**

Home Phone: () _____ Work Phone () _____ Cell Phone () _____

Email Address: _____ It is okay to

It is okay to call me: (Circle all that apply) **Home** **Work** **Cell** It is okay to leave a message for me: **Home** **Work** **Cell**

Birth date: _____ Age: _____ Gender: _____ Sexual Orientation: _____

Social Security #: _____ Religion: _____ Ethnicity: _____

Occupation: _____ Employer: _____

Relationship Status: _____ Single _____ In a Relationship _____ Married _____ Separated _____ Divorced _____ Widowed

Education: Highest grade _____

How did you find out about us? (Please check one) UM Counseling Center & Name: _____

Doctor & Name: _____ Prof's Name: _____ Friend/Family: _____

P.S.C. Website Yellowpages.com Phone Book Previous client Other: _____

Brief description of your reasons for assessment: _____

Family Information

Spouse's/Partner's Name: _____

Birth date: _____ Age: _____ Spouse's/Partner's Occupation _____

Spouse's/Partner's Education: Highest Grade or Degree completed _____

Number of Children or Dependents: _____

Children: Name Age Male or Female Living with you?

** Person to contact in case of an emergency:

(Name) (Address) (Phone) (Relationship to You)

Father's Name: _____

Birth date: _____ Age: _____

Education: Highest Grade or Degree completed _____

Mother's Name: _____

Birth date: _____ Age: _____

Education: Highest Grade or Degree completed _____

Payment Information

Are you a student, faculty, staff or a dependant of, at the University of Mississippi? Yes _____ No _____

Full payment is due at the time of services unless other arrangements have been previously made.

We accept **cash, check or credit cards**.

Although we do not make insurance claims directly, we can provide you with a receipt to send with your claim.

I understand and agree to the conditions and terms of payment at the Psychological Assessment Center.

Date: _____

Signature: _____

Consent to Observation

I, the undersigned, authorize the staff at the Psychological Services Center to observe any and all services I receive at the Center.

I understand observation of therapy sessions may be required by the supervising Psychologist and will be used solely for the purpose of training and supervision. I also understand that any information obtained through the use of this teaching procedure will be held in the strictest of Confidence of the Center's staff.

I have been informed and understand my right to prevent observation of any and all portions of a therapy session without prior written approval.

Date: _____ Signed: _____

The above named person is a minor, and I as his/her parent or guardian, give my consent to services as described above.

Signed: _____ Relationship: _____

Date: _____ Signed: _____
(Graduate Student Therapist)

Consent to Electronic Recording

I, the undersigned, authorize the staff at the Psychological Services Center to audiotape/videotape any and all services I receive at the Center.

I understand recording of therapy sessions may be required by the supervising Psychologist and will be used solely for the purpose of training and supervision. I also understand that any information obtained through the use of electronic recording will be held in the strictest of Confidence of the Center's staff.

I understand that at the termination of services at the Center, all electronically recorded records will be erased, unless I authorize by written permission that a permanent copy of the recording may be kept at the Center.

I have been informed and understand my right to prevent recording of any and all portions of a therapy session without prior written approval.

Date: _____ Signed: _____

The above named person is a minor, and I as his/her parent or guardian, give my consent to services as described above.

Signed: _____ Relationship: _____

Date: _____ Signed: _____
(Graduate Student Therapist)

NOTE: Graduate student therapists enrolled in the Clinical Psychology doctoral training program at the University of Mississippi provide services at the Psychological Services Center. Therapist are directly supervised by a Clinical Psychologist and are members of a therapy team.