For Admin Use Only
Client ID: _____
Client Fee: _____

CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES-GRAND RAPIDS

CLIENT INFORMATION SHEET (Please print neatly)

Legal Name: _____ Date: _____
Last First Middle Initial

Preferred Name/Nickname you go by: _____

Permanent Address: _____
Street Apt. No. City Zip Code

Home phone: _____ Mobile Phone: _____ Email Address: _____

1. Gender: _____ Pronouns: _____ Sexual Orientation: _____

2. Age: _____ Birth date: _____

3. Your Racial/Ethnic Group:
   - ☐ White
   - ☐ Asian/Pacific Islander
   - ☐ African American/Black
   - ☐ American Indian/Alaska Native
   - ☐ Latino(a)
   - ☐ Multiracial
   - ☐ Other

4. Your current relationship status:
   - ☐ Single, never married
   - ☐ Remarried
   - ☐ Separated
   - ☐ Married
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Partnered
   - ☐ Other (please specify): _____

5. Your yearly household income:
   - ☐ 0-$24,000
   - ☐ $24,001-$30,000
   - ☐ $30,001-$40,000
   - ☐ $40,001-$50,000
   - ☐ $50,001-$60,000
   - ☐ $60,001 or more

Number of people supported by above income: _____

6. Your current living situation:
   - ☐ Living with partner
   - ☐ Living with roommates
   - ☐ Living alone
   - ☐ Living with parents
   - ☐ Living with extended family
   - ☐ Living with children
   - ☐ Other:_____

7. Your highest level of education:
   - ☐ Did not complete high school
   - ☐ High school diploma (or equivalent)
   - ☐ Associate's degree
   - ☐ Undergraduate degree
   - ☐ Master's degree (or equivalent)
   - ☐ Doctorate (or equivalent)

8. Your current educational status:
   - ☐ Full-time student
   - ☐ Part-time student
   - ☐ Not a student

9. Your current employment status:
   - ☐ Full-time parent or homemaker
   - ☐ Full-time employed, permanent job
   - ☐ Full-time employed, temporary/summer
   - ☐ Part-time employed, temporary or summer
   - ☐ Part-time employed, permanent job
   - ☐ Unemployed, looking for permanent employment
   - ☐ Unemployed, looking for temp. employment
   - ☐ Unemployed, not looking for a job

10. Please tell us about your family by providing the information below. List mother, father, stepparents, siblings, partner/spouse, and children, if applicable. *Place an X in the X column if the person lives with you*. An example is provided to illustrate how to fill in the chart.

X	**Name**	**Relationship to you**	**Age**	**Residence**	**Occupation**
X	e.g., Jane Doe	Stepmother	47	Lansing, MI	Teacher

11. Have you been seen at this Center before?
    ○ Yes ○ No

12. Are you *currently* receiving professional mental health services elsewhere?
    ○ Yes ○ No
If yes, provider's name: _____ location: _____duration: _____

13. Have you ever received counseling or mental health services before (including hospitalizations or medications)?
    ○ Yes ○ No
    If yes, please include provider(s) names, locations, and dates:

    _____

    _____

14. Do you have any current, recurring, or chronic medical concerns?
    ○ Yes ○ No
    If yes, please describe:

    _____

    _____

15. Are you presently taking any medications?
    ○ Yes ○ No
    If yes, please list: _____

    _____

16. Do you have a physical disability that limits your activities in any way?
    ○ Yes ○ No
    If yes, indicate the nature of the disability: _____

17. In your own words, please describe what you would like to discuss with a counselor:

    _____

    _____

    _____

On the scale below, please estimate the severity of your current concern(s):

Not Upsetting	Mildly Upsetting	Moderately Upsetting		Severe	Very Severe	Extremely Severe	Totally Incapacitating
1	2	3		4	5	6	7
○	○	○		○	○	○	○

19. How did you hear about the Clinic?

□ Friend/Family	□ Former Client	□ Yellow/White Pages
□ Physician/Family Doctor	□ Help Line	□ Brochure
□ Newspaper	□ School	□ Probation Officer
□ Clergy	□ Psychology Today Online	□ WMU Website

□ Other Resource (please specify) _____

□ Other Internet Site (please specify) _____

Sessions are generally conducted in-person and are 50 minutes in duration.

The clinic schedule varies per semester, so not all appointments listed below will be available. **Please select all of the times you are available for counseling appointments.**

☐ Monday 6 PM	☐ Wednesday 6 PM
☐ Monday 7 PM	☐ Wednesday 7 PM
☐ Tuesday 6 PM	☐ Thursday 6 PM
☐ Tuesday 7 PM	☐ Thursday 7 PM

Signed _____ Date _____

Note: We are unable to provide child-care services. Please do not leave children unattended.

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES (CCPS)
Western Michigan University

CLIENT CONTACT AGREEMENT

CCPS counselors work in the clinic part-time, typically one afternoon or evening per week. If you wish to contact your counselor outside of your appointment time, you may call CCPS at (616) 771-4171 and leave a message with the receptionist or on the confidential voicemail.

When your counselor or the clinic needs to contact you, we prefer to talk to you, but for times you cannot answer your phone, we may need to leave a message. To protect your confidentiality, please indicate the type of message you permit the counselor or receptionist to leave. For example:

- ***No Message:*** Clinic may call but may not leave a message.
- ***Generic Message:*** Does not mention CCPS specifically.
  - *(e.g., "Hello, this is John from WMU calling to confirm an appointment.")*
- ***Specific Message:*** Includes information about CCPS and your appointment.
  - *(e.g., "Hello this is your counselor calling from the Center for Counseling and Psychological Services. I am calling to confirm your appointment on Tuesday at 6pm.")*

Phone Number		**Type of Message: Choose One**		
Home		None ◯	Generic ◯	Specific ◯
Cellular		None ◯	Generic ◯	Specific ◯
I consent to receive SMS message appointment reminders.			Yes ◯	No ◯

Message/data rates may apply to messages sent by CCPS-GR under my cell phone plan.

For the purposes of Telehealth counseling, please provide your email address to receive correspondence and telehealth (via Webex) appointment invitations.

Email Address	

In the event of an emergency, I hereby authorize CCPS to contact and release my information to my emergency contact listed below.

Emergency Contact Name	
Relationship to Emergency Contact	
Emergency Contact Phone Number	

Client Name	
Client Signature	
Date	

Checked box indicates that the intake counselor has reviewed this document with the client and received verbal confirmation of client signature.

If no date, event, or condition is specified here _____, this authorization will expire after one year.

Short Almost Perfect Scale (SAPS)

***Adult clients only**:* The following items are designed to measure certain attitudes people have toward themselves, their performance, and toward others. It is important that your answers be true and accurate for you. In the space next to the statement, please enter a number from "1" (strongly disagree) to "7" (strongly agree) to describe your degree of agreement with each item.						
1	**2**	**3**	**4**	**5**	**6**	**7**
Strongly disagree	**Disagree**	**Slightly disagree**	**Neutral**	**Slightly agree**	**Agree**	**Strongly agree**

1. I have high expectations for myself.	
2. I sometimes feel resentful when I don't get my way.	
3. Doing my best never seems to be enough.	
4. I'm always willing to admit it when I make a mistake.	
5. I set very high standards for myself.	
6. There have been occasions when I took advantage of someone.	
7. I often feel disappointment after completing a task because I know I could have done better.	
8. I have a strong need to strive for excellence.	
9. There have been times when I was quite jealous of the good fortune of others.	
10. My performance rarely measures up to my standards.	
11. I sometimes try to get even rather than forgive and forget.	
12. I expect the best from myself.	
13. I am sometimes irritated by people who ask favors of me.	
14. I am hardly ever satisfied with my performance.	

The Relationship Questionnaire (RQ)

Adult clients only: Please read each of the descriptive paragraphs below and select ONLY ONE that best describes how you feel about close relationships.	
1. It is easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.	◯
2. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.	◯
3. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.	◯
4. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.	◯

Experiences in Close Relationships (ECR)

Adult clients only: The following statements concern how you feel in romantic relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write or select the number in the space provided, using the following rating scale:

1	2	3	4	5	6	7
Disagree Strongly			**Neutral/Mixed**			**Agree Strongly**

1. I prefer not to show a partner how I feel deep down.	
2. I worry about being abandoned.	
3. I am very comfortable being close to romantic partners.	
4. I worry a lot about my relationships.	
5. Just when my partner starts to get close to me**,** I find myself pulling away.	
6. I worry that romantic partners won't care about me as much as I care about them	
7. I get uncomfortable when a romantic partner wants to be very close.	
8. I worry a fair amount about losing my partner.	
9. I don't feel comfortable opening up to romantic partners.	
10. I often wish that my partner's feelings for me were as strong as my feelings for them.	
11. I want to get close to my partner, but I keep pulling back.	
12. I often want to merge completely with romantic partners, and this sometimes scares them away.	
13. I am nervous when partners get too close to me.	
14. I worry about being alone.	
15. I feel comfortable sharing my private thoughts and feelings with my partner.	
16. My desire to be very close sometimes scares people away.	
17. I try to avoid getting too close to my partner.	
18. I need a lot of reassurance that I am loved by my partner.	
19. I find it relatively easy to get close to my partner.	
20. Sometimes I feel that I force my partners to show more feeling, more commitment.	
21. I find it difficult to allow myself to depend on romantic partners.	
22. I do not often worry about being abandoned.	
23. I prefer not to be too close to romantic partners.	
24. If I can't get my partner to show interest in me, I get upset or angry.	
25. I tell my partner just about everything.	
26. I find that my partner(s) don't want to get as close as I would like.	
27. I usually discuss my problems and concerns with my partner.	
28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.	
29. I feel comfortable depending on romantic partners.	
30. I get frustrated when my partner is not around as much as I would like.	
31. I don't mind asking romantic partners for comfort, advice, or help.	
32. I get frustrated if romantic partners are not available when I need them.	
33. It helps to turn to my romantic partner in times of need.	
34. When romantic partners disapprove of me, I feel really bad about myself.	
35. I turn to my partner for many things, including comfort and reassurance.	
36. I resent it when my partner spends time away from me.	

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY
THE CENTER FOR COUNSELING AND PSYCHOLOGICAL SERVICES
Western Michigan University

***Statement of Professional Intent**

(Please read prior to your first session. Do not sign if you have questions.)

Welcome to the Center for Counseling and Psychological Services (CCPS). As a potential client, it is important that you are informed of CCPS practices and procedures.

First, whatever you share with the CCPS counseling staff is considered confidential but is shared with others for research. The CCPS staff will break confidentiality only when we have a duty to warn. Duty to warn means that potential harm to self or others seems likely to occur. In such an instance, we are obliged to act. In most cases, you as a client will be the first to know. Duty-to-warn situations occur very rarely.

Most individuals experience counseling as positive and find their sessions to be helpful in resolving problems. Occasionally, however, discussions about problems may cause negative feelings. If this occurs, please tell your counselor as soon as you can. Discussion of negative feelings is important in evaluating our work with you.

The CCPS counselors are advanced master's and doctoral degree students studying to be professional counselors and psychologists. They work under the direct supervision of a faculty member who is responsible for their training. Supervising faculty are professional counselors and/or licensed psychologists. For the purpose of being supervised, students will digitally record all of their counseling sessions. Therefore, the CCPS can accept you for its services only if you sign a release that permits the recording of your sessions.

To ensure proper service, the first visit here is an intake interview. During this appointment, you will be asked to share why you came to the CCPS and what you would like to gain. Based on your needs, a student counselor will be assigned to you and a second appointment made. If we cannot respond to your needs, we refer you to another community provider.

The CCPS also serves as a site for developing a better understanding of counseling through research. Research in the CCPS is designed so that information is treated confidentially. Code numbers rather than names are used confidentially, and reports offer information only in the form of group data. Your signature on the specific release indicates your willingness to allow staff members to obtain information on file, including demographic information, survey responses, and video recordings, for the purpose of research.

To gain a better understanding of the long-term impact of counseling, we would like to email surveys to you at various times after you have completed your services here. Finally, to maintain a high level of service to clients, the CCPS must charge fees. The intake counselor will discuss the amount of your fee with you during the first interview. Thereafter, your counselor will collect the fee at the end of each session. You may pay with cash, or a check made out to WMU.

We encourage discussion and questions about any aspect of your service at the CCPS. If you have concerns with the service you receive that you do not want to discuss with your counselor, please contact the CCPS director at 616-771-4171.

I have read and understand this statement and have had the chance to discuss it before sharing personal information.

_____ _____

Client Signature **(insert name above)** ***Date*** **(insert date above)**

☐ Checked box (and client name and date entered above) indicates that the Intake Counselor has reviewed this document with the client and received verbal confirmation of client signature.

*Addendum: See also CCPS-GR Telehealth Client Consent Info form

Center for Counseling and Psychological Services (CCPS)
Grand Rapids
Western Michigan University
Phone: 616-771-4171

Telehealth Counseling Consent

Services are primarily conducted in-person. However, CCPS has the option of utilizing telehealth services via a secure electronic videoconferencing system in extenuating circumstances. You and your counselor, under the supervision of the licensed supervisor, may choose to use this option if you, your counselor, and your counselor's supervisor agree that this is best for your sessions at this time. At our clinic, we will use Cisco Webex, a secure video-conferencing platform where the counseling sessions, recordings and storage are all encrypted.

Procedures to safeguard your Protected Health Information (PHI) are already in place at our clinic and will be extended to these videoconference communications. These communications incorporate network and software security protocols to protect your confidentiality. This document is an Addendum to the consent form you signed at the initiation of services and all aspects (including the legally mandated exceptions to confidentiality) remain in effect if you choose to pursue telehealth services.

Please carefully review the following information we think will help you make your decision regarding whether you would like to consent to receive therapy services through telehealth. Discuss any questions that you have with your counselor before agreeing to participate in telehealth videoconference sessions.

- There are potential benefits (e.g., continuing treatment) and risks of telehealth (e.g., potential unanticipated limits to patient confidentiality) that may differ from in-person sessions.
- Although we are using technology that has been approved for telehealth and meets standards of protection, there are some inherent risks to privacy and confidentiality anytime that technology is used. By consenting, you are indicating that you understand that risk. Additional questions about this risk should be discussed with your counselor.
- You are eligible for telehealth services with CCPS if you are physically located in the state of Michigan. If you anticipate that you will not be in Michigan during a planned session, you are responsible for contacting the CCPS (616-771-4171) to let your counselor know.

Appointment Scheduling:

- Counseling appointments will be initiated by your counselor through the Webex system and will result in an email (Webex meeting invitation) sent to the account you provided to CCPS. **Be sure to make note of the appointment date and time, because if you RSVP for the meeting to let your counselor know you plan to attend, it will delete the original invitation**. You should get a reminder email in advance of your appointment time and can join the session by clicking on the Join Meeting icon (to have both video and audio connection) when it is time for your session or join by phone (only) if you do not have a device with both video and audio capability.
- It is also important to be on time for your session. We ask that you join the scheduled videoconference session a few minutes before the scheduled time to minimize delays.

Security and equipment:

- We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, etc). You are also advised to use a secure internet connection rather than public/free Wi-Fi. If you do not have video capability, you may still join your Webex session by audio only, via phone.
- For best picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless one should be used if possible.
- Use of headphones will make it easier to hear your counselor and will add additional privacy.
- Confidentiality and conduct of the counseling session should be treated like an in-person session. This means being alone in a quiet and private space (e.g., in a room with the door closed), eliminating or minimizing potential for outside distractions, turning off cell phones, agreeing to eliminate any other listening or recording devices, and closing all other programs on your computer or other device used for the session.
- Your counselor will take these same steps to protect your privacy by ensuring that they have a private and secure space to hold your session, that is quiet and minimizes distractions, and that is free from the use of other devices.

During counseling sessions:

- As part of the process of conducting counseling sessions online in this format, I agree to provide my counselor with information about my location (e.g., address) at the start of each of my counseling sessions. I also agree to work with my counselor to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis during our sessions.
- There is the possibility that your session will be disrupted due to problems with technology. You and your therapist should make plans for how you will communicate if you experience technological problems. We will use your mobile phone as the back-up plan. Therefore, we will need to confirm a number where you can be reached to restart the session or to reschedule it.
- As a reminder, all counseling sessions may continue to be audio or video recorded for the purposes of supervision, recordings are not part of your counseling record, and any recordings will be securely stored and reviewed.
- If you are not an adult (18 years old or older), we will need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- If you need to cancel or change your (Webex) appointment, you must notify your therapist in advance by email or at the CCPS office number (616-771-4171).

Other information:

- We bill clients seeking telehealth therapy on the same sliding scale fee that we traditionally use in our clinic. Clients are responsible to pay the assigned fee after each session. Two alternatives: (1) client can drop in cash to our security officers in the WMU downtown GR building or (2) client can mail a check to our clinic. The check can be directed to WMU CCPS-GR, 200 Ionia Ave SW, Grand Rapids, MI 49503.
- I understand that WMU CCPS may decide to terminate telehealth services if they deem it inappropriate for me to continue therapy through video sessions. In this case, the WMU CCPS will provide referral to another provider or clinic, if needed.

Your written/verbal consent and your participation in Webex sessions indicates agreement to act in accordance with the above information and guidelines. It also indicates that in a crisis or emergency that needs immediate attention, such as you considering seriously harming yourself or someone else, you will dial 911 or go to a hospital emergency room.

Western Michigan University doctoral student in the Counselor Education and Counseling Psychology department seeks adult counseling center clients, ages 18 to 65 to participate in a research study.

Study participation will include:
Survey completion
Heart rate monitoring during 1 therapy session

Time Required: 65 minutes

Compensation: $5

Would you be interested in participating?
Circle below:

Yes ○ No ○

If yes, please provide your name:

_____

For more information please contact:

- Ashley Oberholtzer, M.A., Doctoral Candidate
- ashley.k.oberholtzer@wmich.edu or (734) 489-5934
- IRB # 2023-253

Principal Investigator:
Faculty Advisor: Dr. Eric Sauer