
PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to aid the counselor who will be working with you. University policy authorizes maintenance of this information, and it is confidential in keeping with University policies applicable to the Counseling Center.

Individuals have the right to request access to their own records in accordance with the University Policy.

The official responsible for maintaining the information on this form and for authorized access of your records is:

Tiffany Herbert, Ph.D.
Director Psychological Services
SHC A-141

The data collected is necessary for your treatment as well as for providing demographic information about our client population

Date: _____ Student ID # _____

Name: _____ / _____
(Last) (First) (M.I.) (Preferred name/Preferred pronoun)

Home Address: _____
(Street) (City) (Zip)

Phone No: _____ May we call? Yes No **Can we send text reminders?** Yes No

To **activate text message** reminders we need your Cell Phone Carrier: _____ (i.e. AT&T, Verizon Wireless, Sprint, etc.) (Please note we cannot directly text message you) (Disclosure: Text messaging charges may apply)

E-Mail: _____ May we e-mail you about appointment changes? Yes No

Date of Birth: _____ Age: _____ Gender: _____ Sexual Orientation: _____

Marital Status: Single Married Divorced How many children do you have? _____

Ethnicity: (If bi-racial or multi-racial, check all that apply)

- African American Asian, Pacific Islander Caucasian, White Chicano, Latino, Hispanic
 Native American Indian Other _____

Major: _____ Minor: _____

Date started CSUDH: _____ Transferred from: _____

Approximate GPA: _____ Veteran? Yes No

- Freshman Sophomore Junior Senior Graduate Credential

Other _____

How many units are you taking this semester? _____ How many hours per week are you employed? _____

Have you used our psychological services before? Yes No

How did you learn about our psychological counseling services? _____

Referred by: _____

PLEASE PROVIDE AN EMERGENCY CONTACT:

Name: _____ **Relationship:** _____

Phone Number: _____

Please describe your reason(s) for seeking psychological counseling:

Do any of the following currently apply to you?

- Do you feel at immediate risk for harming yourself?
- Do you feel at immediate risk for harming someone else?
- Have you experienced a recent assault or physical abuse?

Please indicate the days/times that you are available for an appointment between Monday-Friday from 9AM-5PM.

Availability 1:

Availability 2:

Availability 3:

Availability 4:

Availability 5: