



**Wellness Center For Older Adults**

**2024-2025 Caregiver Counseling Admission Form**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the Wellness Center for Older Adults? \_\_\_\_\_

Are you At or BELOW Poverty Level? Y / N \$ \_\_\_\_\_ Monthly Income \_\_\_\_\_ I Choose Not to Disclose

**Race/Ethnicity:**

Do you consider yourself to be Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_ Also, please select the racial categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply :

- American Indian/ Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Black or African American
- Other/Multi-Racial: \_\_\_\_\_

**FOR CAREGIVER CLIENTS USE ONLY**

**Person Receiving Caregiving**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

County: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

**In Case of an Emergency Please Notify**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

I hereby give my permission for the **Wellness Center For Older Adults** to deliver services to me (or above named adult under my guardianship). By my signature I acknowledge that all information I have provided is true and correct to the best of my knowledge.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Wellness Center For Older Adults

### **Privacy Rule Notification & Informed Consent for Counseling**

Dear Client:

The **HIPAA (Health Insurance Portability and Accountability Act)** 1996 mandated by Congress created national standards to protect your medical records and other personal health information. This rule enables you to:

- ❖ Find out how your health information will be used by the Wellness Center For Older Adults.
- ❖ Examine and obtain a copy of your health records and request corrections from the Wellness Center For Older Adults.
- ❖ Control certain uses and disclosures of your health information by the Wellness Center For Older Adults.

Client records are secure and available to only those individuals who need them to carry out treatment, payment or healthcare operations and activities. Wellness Center For Older Adults' personnel have access to only the minimum client information that is necessary to do their job. Disclosure is made only to individuals who need to know the information in order to treat the client, conduct the practice's operations, or obtain payment for services. Written authorization is obtained from the client before disclosing information for any purpose other than treatment, payment or practice/facility operations.

**I have read and received a copy of the Wellness Center For Older Adults' Privacy Rule Policy.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Informed Consent for Counseling**

**Therapeutic Process:** The therapeutic relationship is unique in that it is both a highly personal and contractual agreement. This consent provides a description of the Caregiver client-counselor relationship as well as a clear understanding for the framework regarding goals, objectives, and extent of the caregiver counseling relationship. As the client, you have taken a very positive step by deciding to seek caregiver support in a counseling relationship. Your counseling experience depends largely on your willingness to engage in this process, which may at times feel challenging and uncomfortable. Discussing unpleasant events, becoming aware of feelings, gaining insight, learning new skills, and perhaps changing life patterns may bring on strong feelings, and unexpected awareness that helps clarify what it is that you want for yourself. The counselor will encourage you within a therapeutic process to move from short term, individual support to longer term group support so that you can experience continued insight and growth as a caregiver by being with other caregivers in similar circumstances.

The Wellness Center for Older Adults is able provide caregiver services through individual and group support due to a grant from the North Central Texas Area Agency on Aging. The information you have provided on this Caregiver Intake Form is confidential, however we are required to report the demographic data to the North Central Texas Area Agency on Aging so that we can continue to demonstrate the need for caregiver supports in the State of Texas. Thank you for your participation in caregiver counseling and group support; this allows the North Central Texas Area Agency on Aging to substantiate the need for additional caregiver support in North Texas.

**Confidentiality:** Caregiver counseling supports at the Wellness Center for Older Adults are primarily intended to be related to the additional coping challenges, stress, and emotional experiences related to your caregiving experience. The session content and all relevant materials to your counseling will be held confidential, unless you request in writing to have all or portions of such content released to a specifically named person or persons. Limitations and exceptions of this client held privilege of confidentiality are noted below:

1. If a client threatens, attempts or makes statements which lead the counselor to believe that the client is at risk of harm to self, someone else, or harm to self by someone else; this includes:
  - a) Suicide ideation or statements of intent to commit suicide or otherwise conduct behavior in a manner which there is substantial risk of incurring serious bodily harm.
  - b) Suspicions of threats of neglect, bodily harm, or death to another person
  - c) A reasonable suspicion that a client or other victim is the perpetrator, observer of, or actual victim of physical, emotional, or sexual abuse of children under the age of 18 years; in the case of an elderly person, or anyone experiencing cognitive limitations or developmental disability.
  - d) If a court of law issues a legitimate subpoena for information stated on the subpoena; or if the client is participating in counseling as a result of a court order, court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney, or legally recognized court hearing.
2. In order to provide the most appropriate counseling experience, there may be times when the counselor needs to consult with other professionals who have a certain area of expertise; when this occurs, information about your case may be shared with another professional, however your name and identifying information will not be released.
3. Our relationship is strictly based within the client-counselor context; if we see each other outside of the counseling office I will not acknowledge you until you acknowledge me first; during times when that occurs, it is not appropriate to engage in discussion re: confidential matters or continue in lengthy discussions about your counseling needs. This intentional separation can sometimes feel confusing, so please understand that any shortened non-personal conversations outside the counseling time is intended to protect you publicly. It is also expected that any questions or uncertainty about the Caregiver counseling relationship and better understandings can be discussed at any time.

By signing below, I agree that I have read, understood, and had the opportunity to discuss my questions with the counselor; as such, I agree to the items contained in this Informed Consent for Counseling.

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Client Signature

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Date

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Clinician's Signature

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Date



## Consumer Rights

### How can I report abuse, neglect or exploitation by one of my providers?

If you're an older person or adult with a disability and believe that one of your paid providers is abusing, neglecting or exploiting you, you can call the Texas Department of Aging and Disability Services at 1-800-458-9858 (Texas Abuse Hotline). Reports can also be made by filing a report online through a secure website at [www.txabusehotline.org](http://www.txabusehotline.org).

This number and website can be used to report abuse, neglect or exploitation by staff members of nursing homes, assisted living centers, intermediate care facilities, home health and hospice, adult day care centers, senior centers, home delivered meal programs and transportation programs.

Agents answer calls Monday through Friday from 7 a.m. – 7 p.m. If you call outside of those hours, leave a message. An agent will call you back by the next working day. Should your report concern an emergency situation, call 9-1-1.

### Will anyone know who made the report?

No, The Texas Department of Aging and Disability Services (DADS), keeps your name and that of the other person confidential, unless required to release it by law. However, if you choose to remain anonymous, DADS has no way to let you know the results of the investigation.

### What if someone other than a paid provider is abusing, neglecting, or exploiting me?

You can report abuse, neglect or exploitation of an older or disabled person to Adult Protective Services at 1-800-252-5400.

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



WCOA / AAA Chart Copy  
Please File in Office Records

## **Area Agency on Aging of North Central Texas Client Rights & Responsibilities and Release of Information for Older Americans Act Programs**

The Area Agency on Aging of North Central Texas welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of services are administered by the Area Agency on Aging with funding provided through Texas Health and Human Services, client contributions and local funding.

Programs and services are designed for people age 60 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

### Release of Information:

Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and Texas Health and Human Services. All of your information will be kept confidential and guarded against unofficial use.

### Client rights and responsibilities:

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the North Central Texas Area Agency on Aging. Contact information is identified below:

Doni Green, Aging Programs Director

Phone: 817-695-9193

Toll free: 1-800-272-3921 ext. 7193

Fax: 817-695-9274

Email: [dgreen@nctcog.org](mailto:dgreen@nctcog.org)

Mailing address: NCTAAA  
P.O. Box 5888  
Arlington, TX 76005-5888

4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding (If Applicable).
6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available, and change service providers when desired (If Applicable).
7. You have the right to be informed of any change in service(s).
8. You have the right to make a voluntary, confidential, contribution for services received through the Area Agency on Aging. Services will not be denied if you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was provided.
9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when you will not be using services.
10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

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Print Client Name

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Date

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Client Signature



**Client / Caregiver Copy  
Please Keep for Your Records**

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Print Client Name

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Date

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Client Signature





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This number and website can be used to report abuse, neglect or exploitation by staff members of nursing homes, assisted living centers, intermediate care facilities, home health and hospice, adult day care centers, senior centers, home delivered meal programs and transportation programs.

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