

CLIENT INFORMATION

Date of Birth	
Client Name	
Street Address	
City, State, Zip Code	
Gender	
<input type="checkbox"/> Employed	<input type="checkbox"/> Full Time Student
Employer	

Please select preferred contact #

<input type="checkbox"/> Home Phone	
<input type="checkbox"/> Work Phone	
<input type="checkbox"/> Mobile Phone	
Email	

How did you find out out the Playground	
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Insurance Information (Provide Copy of Insurance Card)

Primary Insurance Co	
Insurance Mailing Address	
City, State, Zip,	
Phone #	
Insurance ID#	
Deductible	
Authorization #	
DX Code	
Group #	
Copay	
Sessions Approved	
City, WA, Zip	
Subscriber Employee	
Subscriber Phone #	
Relationship To Patient	



INFORMED CONSENT

Authorization for Family Sessions

Acknowledgement

* I understand that for family sessions our individual records are kept and an application for each family member must be filled out.

* I understand that for family sessions we may not access each other's records without a Release of Information signed by each of us?

Printed Name: _____

Client is 13 or over or legal gaurdian signature _____

Date: _____

Authorization for Therapy of a Minor

Acknowledgement

* I understand that for Counseling OF A MINOR OVER 13 I may not access the minor's records with our a Release of Information signed by both the minor and a parent or legal gaurdian

* I understand that for COUNSELING OF A MINOR, if the minor's parents are divorced, a copy of the current parenting plan must be on file with the counselor by the third session. The parenting plan must state which parent have medical decision making rights.

Printed Name: _____

Client is 13 or over or legal gaurdian signature _____

Date: _____

Authorization for All Clients

Acknowledgement

* I have received a copy of the HIPPA, Notice of Privacy Practices

* I have received a copy of the Professional Disclosure Statement

* I have read the informatin and have had it explained to me and had it explained to me

* I have had the oppotunity to ask questions and understand the contents of both documents

* I understand that I may end counseling at anytime. I phone call or final session is requested for closure

* I understand that all agreements are soley between me and my counselor.

* I authorize the release of an information necessary to process insurance or employee assistance claims or to release additional sessions.

* I authorize payment of insurance or employee assistance benefits to be mad to The Playground

* In the event of my counselor's untimely death or incapacitation, The Playground may take responsibility for my life and referring me to another counselor.

* I undertand that is agreement applies only to initial consultation, not an authorization for counseling, unless the agreement is extended

* I understand that both the counslor and I must agree to extend this agreement beyond the initial consultation

* I understand that an extended agreement is in place upon scheduling a second session

Printed Name: _____

Client is 13 or over or legal gaurdian signature _____

Date: _____

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