

Patient Information (Please Print)

Patient's Name _____

Last

First

MI

Address _____

Social Security _____ Sex: M / F Date of Birth _____

Home Phone: _____ Work Phone: _____ Referred by: _____

Marital Status: _____ Spouse: _____ If under 18, Parent: _____

Employer _____

Employer's Address: _____

Emergency Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

Insurance Information

Primary Insurance: _____ Policy Holder: _____

Policy Holder's Date of Birth: _____ Patient's relationship to Policy Holder: _____

Member ID _____ Group # _____

Authorization #: _____ Mental Health Phone #: _____

Prior Medical and Mental Health History:

Do you have any allergies? Yes / No **Have you ever been addicted to** (circle all that apply) CAFFEINE TOBACCO ALCOHOL
MARIJUANA NARCOTICS/OPIOIDS AMPHETAMINES COCAINE HALLUCINOGENS OTHER: (please specify) _____

Are you on any current medications ? _____

Are you currently being treated for any medical conditions?(please specify)

Have you ever seen a Psychiatrist, Psychologist or Counselor before? If so, who and when:

Statement of Understanding

Patient's Consent

I consent for my therapist to disclose my protected health information (PHI) as required by my insurance company. Furthermore, if my insurance company requires coordination of care with my Primary Care Provider (PCP), I consent for my therapist to disclose my protected health information to my PCP. I have read *Assessment and Counseling Services, Steven Snook, Ph.D., LLC's Policies and Practices to Protect the Privacy of Your Health Information*, and I both understand and approve of its content.

Financial Responsibility

Assessment and Counseling Services, Steven Snook, Ph.D., LLC will assist you in completing and filing any insurance forms which may be utilized for payments for services; however, you maintain full responsibility for paying all charges for services rendered. You will need to provide all required insurance information when checking in for services; all primary and secondary insurances must be identified, and you will need to update any changed insurance information immediately upon the date of change. All co-payments and unsatisfied deductibles are to be paid at the time services are rendered. Medicaid cards must be presented before services can be rendered. *Assessment and Counseling Services, Steven Snook, Ph.D., LLC* does accept payment by cash, check, Visa, MasterCard, and Discover.

Therapists reserve the right to charge their hourly rate of \$120 per hour under the following circumstances: returning phone calls to clients and their attorneys, completing affidavits, and writing letters on behalf of clients.

Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on July 22, 2010. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail or during your next session.

Cancellation Policy

In the Event of an emergency, you will not be charged for session cancellation. Cancellations for any other reasons that are not received by center staff at least 24 hours prior to the scheduled session will be billed at the usual hourly rate of \$120.00. Your insurance company will not pay for missed appointments.

Consent to Correspond Electronically

While *Assessment and Counseling Services, Steven Snook, Ph.D., LLC* takes reasonable precautions to protect your confidential information, e-mail, texting & social networking is not a completely secure method of communication. I acknowledge that if I use electronic mail to initiate contact with an *Assessment and Counseling Services, Steven Snook, Ph.D., LLC* Staff regarding my therapeutic care, the *Assessment and Counseling Services, Steven Snook, Ph.D., LLC* Staff and/or his/her representative has my permission to correspond via that email address.

I give permission for a clinical staff member to email me regarding my therapeutic care at

_____ @ _____

The purpose of e-mail is to communicate with the client regarding scheduling appointments, reminding clients regarding their appointments, homework assignments, follow-up care according to staff or information regarding the clients' business account. Electronic communication is not a way of communicating new information regarding care or of communicating emergency treatment. You must call and talk to your individual therapist regarding any information towards your treatment at *Assessment and Counseling Services, Steven Snook, Ph.D., LLC*.

If you are in an emergency situation and need to contact someone immediately to help you, you may call your individual therapist and/or these following numbers: Anchor Hospital 770-991-6044; Crisis Line 1-800-273-8225; Emergency Services 911

Printed Name of Client

Witness

Signature of Client and/or Guardian

Date