Assessment and Counseling Services

Steven Snook, Ph.D., LLC

Patient Information (Please Print)

Patient's Name _____
Last First MI

Address _____ City/State/ Zip: _____

Social Security _____ Sex: M / F Date of Birth_____

Home Phone: _____ Work Phone: _____

Consent for Assessment, Notice of Privacy Practices and Release of Information:

I, _____ on the behalf of _____
(Name of Patient/Guardian/Parent) (Name of Patient, if Guardian/Parent signing)

☐ I hereby authorize Assessment and Counseling Services, Steven Snook, Ph.D., LLC to conduct a clinical interview, psychological evaluation and any other testing deemed necessary for the purposes of this evaluation.
☐ I agree to notify Dr. Steven Snook's office at least 24 hours prior to my scheduled appointment if I decide to change/cancel. I understand I will be charged for an appointment no t kept or canceled at least 24 hours in advance. I also understand that this charge is not reimbursable by my insurance or employee assistance program .
☐ I acknowledge that I have received and have been given an opportunity to read a copy of the Assessment and Counseling S ervices Steven Snook, Ph.D., LLC 's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Deanna McDonald , Privacy Officer.
☐ I hereby authorize Assessment and Counseling Services, Steven Snook, Ph.D., LLC to release the psychological e valuation report to The School for Officers' Training , Major Cindy Corbitt, S. Blake Lanier, MSW, LCSW, LLC to coordinate placement in school and to discuss all clinical information disclosed during the course of this evaluation. By signing below I ack nowledge consent and/or acknowledgement and receipt of the four items above unless indicated beside the item I am refusing.

X_____ Date_____
(Signature of Patient/Parent/Guardian)

X_____ Date_____
(Signature of Witness)

☐ Patient/Client Refuses to Acknowledge Receipt of Privacy Practices:

_____ _____
Signature of Staff Member Date

This consent is subject to revocation at any time except to the extent that the program that is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon _____Prohibition on redisclosure: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Confidentially of Alcohol and Drug Abuse Records: The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside of the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.
Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 29 Odd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations). (Approved by the office of Management and Budget under Control No. 0930-0099).