

Client Information

Client Name _____ Date _____

Client Phone _____ Text? Y/N Email _____

Street Address _____ City _____ State _____ Zip _____

Client Age _____ Client date of birth _____ Client Education level _____

Client Relationship Status: _____ Ethnicity: _____ Language: _____

Emergency Contact Name _____ Phone _____

Are there any privacy concerns with any of the above numbers/email/text? _____

Employer Name _____ Occupation _____

Referred for Counseling by _____

MediCal Benefits ID No. _____ Victim Compensation No. _____

Health Insurance Name/Group/Plan/ID#: _____

Is there a history of Adult Protective Services involvement with you or your family?

No _____ Yes _____; Describe _____

Is there a history of Child Protective Services involvement with you or your family?

No _____ Yes _____; Describe _____

CWS Number: _____ Do you require a CWS/TERM approved therapist? No _____ Yes _____

Is client a victim of domestic violence or other crime? No ___ Yes ___; Describe _____

Is there or has there been a restraining order filed? No _____ Yes _____ Expiration Date _____

Was a police report filed? No _____ Yes _____ Police Report Number _____

Acknowledgement and Authorization Re Third Party Payor and Notice of Privacy Practices

When eligibility is met for public program benefits such as private health insurance, Victims of Crime, MediCal, etc., a third party payor reimbursement may be utilized for counseling services. In order for the Therapist to file any claims, the following client authorization is required:

To the extent necessary to obtain third party reimbursement for counseling services, I, the client, authorize disclosure of my medical record.

I hereby assign all benefits to include public program benefits or major medical benefits to which I am entitled to Diana Neuner LMFT.

I understand that third party payment is considered a method of reimbursing for fees paid to Diana Neuner, LMFT and is not a substitute for payment. It is my responsibility to pay any balance not paid by insurance, public programs or other agreed third party.

Diana Neuner, LMFT
Licensed Marriage & Family Therapist
Lic. No. LMFT49581

This agreement will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as the original. I hereby authorize Diana Neuner, LMFT to release all information to secure payment.

Notice of Privacy Practices

I also acknowledge that I have received copy of the Notice of Privacy Practices. My signature below simply acknowledges that I received a copy of this notice. I understand the notice provides information about how my protected health information is used and that the Notice of Privacy Practices is subject to change.

Agreed:

Client Name (Print)

Client Signature

Date