

## Instructions Adult New Client Paperwork

The following forms need to be completed prior to the first scheduled session.

- **Consent to Treatment**

Please list client name, date of birth and current age. Leave therapist name blank. Please read sections 1-11, and sign at bottom of second page (Patient Signature (Age 13+)). If you have any specific question, please discuss them with your therapist at the beginning of the first session.

- **Rights and Responsibilities**

Please list client name and current age. Please read and initial each section under PATIENT INITIALS where indicated and sign at bottom of third page (Patient Signature (Age 13+)). If you have any specific question, please discuss them with your therapist at the beginning of the first session.

- **Notice of Privacy Practices**

This form describes how and under what circumstances information that you discuss with/provide to a therapist may be used by Credence, when it must be released regardless of consent and your rights with regards to your records. Please read this section carefully. Therapists are mandated to report certain information and to turn over records in the event of certain subpoenas.

Near the bottom of page two (2), please indicate whether you would like a more detailed explanation of this policy (CIRCLE YES) or whether this notice is sufficient (CIRCLE NO).

Print your name and current age on the bottom of the form where indicated, and sign where it indicates (Patient Signature (Age 13+)). If you have any specific question, please discuss them with your therapist at the beginning of the first session.

- **Physician Notification**

This form indicates whether you wish us to (Authorize) or ask that we not (Waive) contact your primary care physician (PCP). Generally, this is authorized if you were referred here by your PCP, and/or if your PCP has prescribed medication related to the condition that you are seeing your therapist regarding. If you waive, you can later request that we contact them by completing a release of information form which can be obtained from your therapist or in the current client section of the online documents.

- **Client Communications**

This form describes how and under what circumstances information that you provide to a therapist may be used by Credence, may be released without your consent and your rights with regards to these records.

## Instructions Adult New Client Paperwork (continued)

- **Adult Medical History**

Complete this form to the best of your ability. Medications that you may have taken or currently take are important to know to determine potential side effects to issues that may bring you to therapy.

- **Adult Medical History Mental Health Addendum**

Please answer all questions to the best of your ability.

- **Insurance Information**

Please provide primary and secondary insurance (where in force) information on this page, or provide a photo copy of Insurance ID cards. If you are attaching a copy of the card, please so indicate on the form ("SEE ATTACHED MEDICAL ID CARD"), and sign on the bottom of the form giving us permission to bill your insurance.

- **Patient Contact Information**

Please provide up to date contact address and telephone information. This will be used for the clinic to contact you when necessary (schedule changes, etc....) and for sending written correspondence.

- **Statement of Financial Responsibility**

If you are over the age of 17 years (age 18 or older), and you are a client, you will be responsible for any charges not paid by insurance. We will bill insurance, and will bill other listed responsible adults (such as a parent, spouse, etc. as long as they sign this form indicating that they should be billed) for any remaining amounts due, but in the event that an amount remains unpaid you will remain responsible as indicated in the form. Please read carefully and sign/initial as indicated.

