

Please note: Co-pays are Due at Time of Service and are Payable by Check or Cash.

Thank You for Your Cooperation

24-Hours Notice to Avoid a \$75 Cancellation Fee

## **Authorization for Treatment**

***Christine Hardway, LCSW***

### **CLIENT INFORMATION:** (Please print legibly.)

Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(Hm): \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: S M D W Sep.

Email (for Monthly Newsletter): \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any significant health problems: \_\_\_\_\_

\_\_\_\_\_  
List any medications you are taking and the dosage: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

Reason for seeking treatment at this time: \_\_\_\_\_

### **INSURANCE INFORMATION:**

Primary Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Policy Holder's Employer: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Authorization # (if applicable): \_\_\_\_\_

### **INFORMATION RELEASE AND ASSIGNMENT OF BENEFITS:**

**I authorize release of any medical information necessary to third parties to process insurance claims. A copy of this authorization may be used in place of the original. I authorize payment from my insurance company be made directly to Christine Hardway, LCSW.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note that therapy requires mutual effort on the part of both the client and the therapist. There are no guarantees that you will feel better. I acknowledge that I have received a copy of Christine Hardway's Policies and Procedures. I understand that 24-hour notice is required to cancel an appointment or I will be responsible for paying a no-show fee of \$75 for the space reserved.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_