Gretchen Forbes, LLC

22 W. Padonia Rd, Suite C-353, Timonium MD 21093
www.GretchenForbes.com
443-465-0545

CLIENT INFORMATION

Client Name(s):_____

Street Address: _____

City: _____State: _____Zip: _____

Email(s): _____ _____

Phone:_____ _____ _____

Is it okay to receive mail at this address? Yes / No Email at the above address? Yes / No
May messages/texts be left/sent on above numbers? Yes / No

How did you hear about Gretchen Forbes? _____

DO YOU PLAN TO USE YOUR INSURACE OR SUBMIT OUT OF NETWORK CLAIMS TO YOUR INSURANCE CARRIER? YES / NO

Disclosure Consent

Federal Regulations allow us to use or disclose protected health information from your record in order to provide treatment to you, to obtain payment for the services we provide, and for other professional activities known as "health care operations" (for example, quality assurance file reviews).

By signing this consent, you are giving us permission to use or disclose your protected health information for these activities which are detailed more fully in the Notice of Privacy Practices (NPP). You have been given an abbreviated copy of the NPP. A comprehensive NPP is available upon request. We reserve the right to revise our NPP and would make that available.

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be allowed for treatment, payment, or health care operations. However, we do not have to agree to these restrictions. If we do agree to a restriction, that agreement is binding.

You may revoke this consent at any time by giving written notification. This consent is voluntary; you may refuse to sign it. However, we are permitted to refuse to provide health care services if this consent is not granted, or if the consent is later revoked.

Payment Policy

Please read the policies and procedures on the separate sheet. The fee for an initial 55 minute consultation session is $135 and each additional session is typically 45-55 minutes and is $135. Payment is due at the time of service by cash or check. Should you cancel future appointments without providing at least 24 hours notice, you will be charged a fee of $65.

By signing below:

- I consent to the use or disclosure of my protected health information as specified above and acknowledge receiving a copy of this consent, the abbreviated NPP, and the policies of Gretchen Forbes, LLC.
- I have read and agree to the POLICIES AND PROCEDURES outlined in the policies document and understand the first meeting is not an agreement for therapy- it is a consultation.
- I agree to pay $135 per counseling session, at the time of service. If I am billing through insurance, I agree to comply with insurance billing procedures, and assume responsibility for applicable co-pays, deductibles and any other fees not covered by the insurance company.
- I understand the missed appointment policy and agree to pay for all missed appointments as defined in the policy.

CLIENT SIGNATURE(S): _____DATE: ____/____/____

_____DATE:____/____/____

RESPONSIBLE PARTY (if applicable): _____