

CLIENT CONSENT FORM

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 for administrative purposes be left/sent on above numbers? Yes / No

How did you hear about Gretchen Forbes? _____

Disclosure Consent

Federal Regulations allow us to use or disclose protected health information from your record to provide treatment to you, obtain payment for the services we provide and 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 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

The fee for an initial 50-minute consultation session is \$165 and each additional session is typically 50 minutes and is \$165. 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 \$75. Please read the informed consent and client orientation on the separate sheet.

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 **HIPPA Abbreviated Notice of Privacy Practices**, and the **2022 Informed Consent and Client Orientation of Gretchen Forbes, LLC**.
- I have read and agree to the policies and procedures outlined in the **2022 Informed Consent and Client Orientation** document and understand the first meeting is not an agreement for therapy- it is a consultation.
- I agree to pay \$165 per counseling session. I understand the missed appointment policy and agree to pay \$75 for all missed appointments as defined in the policy.
- I have been verbally informed about the **Disclosure Notice Regarding Patient Protection Against Surprise Billing** and my **Good Faith Estimate**. I am aware I have received, or will receive, a paper or electronic copy, to be signed by me. Any questions can be addressed to Gretchen Forbes or to the referenced resources.

CLIENT SIGNATURE(S): _____ **DATE:** ____/____/____

_____ **DATE:** ____/____/____

_____ **DATE:** ____/____/____

_____ **DATE:** ____/____/____