



Stone Arch Psychology and Health Services

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Client Consent for Treatment

CLIENT'S NAME		DOB	I gpf gt F M O
Address		Email	
City		State	Zip
Phone	Cell	Work	

PRIMARY INSURANCE		INSURANCE PHONE	
Group Number	Policy Number	Subscriber's Phone	
Subscriber's Name, Marital Status and Student/Employment Status		Subscriber's DOB	
Subscriber's Social Security Number	Subscribers Employer	Client's relationship to Subscriber	
Subscriber's Address	City	State	Zip
Emergency Contact Name and Number		Co-Pay	

SECONDARY INSURANCE		INSURANCE PHONE	
Group Number	Policy Number	Subscriber's Phone	
Subscriber's Name		Subscriber's DOB	
Subscriber's Social Security Number	Subscribers Employer	Client's relationship to Subscriber	
Subscriber's Address	City	State	ZIP

CLIENT RIGHTS AND DATA PRIVACY: I have read and fully understand the contents of the document "Client Rights and Data Privacy" and have received a copy thereof.

ASSIGNMENT OF INSURANCE BENEFITS: I authorize any benefits under any policy of insurance insuring the client, or any party liable to the client, is hereby assigned to the Stone Arch Psychology and Health Services and I authorize the to release health records to insurance carriers I identify for purposes of processing claims for services rendered to me.

FINANCIAL AGREEMENT: I agree to allow Stone Arch Psychological and Health Services to bill the insurance companies in compliance with the services rendered. In the case that the insurance company does not pay for the services rendered I understand that I am responsible for making the payment.

CONSENT TO TREATMENT: I consent to treatment and agree to abide by the above-stated policies and agreements of Stone Arch Psychology and Health Services.

COURT COSTS: I understand that if a clinician or other member of the Stone Arch Psychology and Health Services is required, by subpoena or other means of summoning, to appear in court on my behalf, that I will be responsible for a fee of \$250.00 per hour plus fees for travel time, preparation time, research, costs for copying records, etc.

Client Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____