

CLIENT INFORMATION

CLIENT

Name: _____ SS#: _____ - _____ - _____
 First Middle Last
 Address: _____
 Street City State Zip
 Primary Phone: _____ Marital Status: _____ Birth Date: ____ / ____ / ____
 Employment Status: ___Employed Full-Time ___Employed Part-Time ___Homemaker ___Student

RESPONSIBLE PARTY (IF OTHER THAN CLIENT)

Name: _____ SS#: _____ - _____ - _____
 First Middle Last
 Address: _____
 Street City State Zip
 Primary Phone: _____ Relationship to Client: _____ Birth Date: ____ / ____ / ____

INSURANCE INFORMATION – PLEASE SHOW ALL INSURANCE CARDS TO OFFICE STAFF

Primary Insurance Carrier: _____
 Policy Holder (if other than client) _____ Subscriber ID: _____ Group #: _____
 Secondary Insurance Carrier: _____
 Policy Holder (if other than client) _____ Subscriber ID: _____ Group #: _____

All insurance information has been listed correctly. I understand that if I have any other health insurance coverage, including an HMO that is not listed above, any charges not covered by the listed insurance will be my responsibility. I authorize Genesis Counseling Center to release to my insurance company or its representative, any information regarding my treatment, including diagnosis, necessary to process my insurance claim. I assign all my rights to benefits payable by my insurance company to Genesis Counseling Center and thereby authorize and request my insurance company to pay my benefits directly to Genesis Counseling Center.

CONTACT CONSENT

In accordance with Privacy Law, we ask that you please check one of the following in regards to contact from our office:

- _____ 1. You may contact me to confirm my appointments, notify me of cancellations or for any other reason by leaving a message at the following number(s):
 Home _____ Work _____ Cell _____
- _____ 2. You may **NOT** leave me a message concerning my appointments. I will be responsible for remembering my scheduled appointments.

Genesis Counseling Center **will not relay information** regarding appointments or other needs to anyone including a spouse **unless** the client has indicated the name of the contact below:

Name: _____ Relationship to Client: _____
 Name: _____ Relationship to Client: _____

Emergency Contact: _____ Phone #: _____

_____ Signature _____ Print Name _____ Date _____