

CLIENT INFORMATION

Personal Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ OK to leave message? _____

Place of Employment/school: _____

Social Security Number: _____

Emergency Contact Name: _____ Phone: _____

Insurance Information

Insurance Company: _____ Is preauthorization needed? _____

Policy Number: _____ Group Number: _____ Co-pay? _____

**If authorization is required by your insurance company and has not been done, you will be responsible for payment in full for your initial visit and subsequent visits.

If you, the client, are not the policy holder, please complete the following:

Name of Policy Holder: _____ Relationship to client: _____
First M.I. Last

Address of Policy Holder: (only if different from client's)

City: _____ Zip: _____

DOB of Policy Holder: _____ SSN of Policy Holder: _____

Place of employment of Policy Holder: _____

Name of any secondary insurance: _____

**Do we have your permission to discuss financial matters with the policy holder above: _____

Responsible Party: If the bill is to be sent to someone other than yourself, please indicate below. If client is a minor, this section must be completed.

Name: _____ Relationship to client: _____

Address: _____ City: _____ Zip: _____

Consent to release confidential information:

I, _____, authorize Robyn Rodenburgh, Inc. to disclose the following information: dates of affiliation, assessment data, progress in treatment, diagnosis, and discharge data to the following insurance company_____.

I understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it. This release expires one year from the date of discharge. I understand that my records are protected under the Federal Confidentiality Regulations 42 CFR part 2 and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Signature of client or
If minor, Signature of parent/guardian/
authorized representative

Date