

Prism Psychological Services
New Client Information

Client Name: _____ DOB: _____

Address: _____

Telephone #: _____ SS# _____

Insurance Co: _____ ID #: _____ Grp #: _____

Subscriber's Name: _____ DOB: _____ SS#: _____

Current Physician name/telephone: _____

Current Diagnosis/Medications: _____

Emergency Contact

Name: _____ Phone #: _____ Relationship: _____

Reason Seeking Treatment: _____

Previous Tx Hx: _____

Current home environment: _____

Supports: _____

Cancellation, Payment, Re-scheduling Policy: I hereby certify that the subscriber listed in this document has active behavioral health coverage with _____. My signature below is providing express consent to assign all insurance benefits from this company, in relationship to this treatment, otherwise payable to me, directly to Prism Psychological Services. I further understand that if the subscriber's behavioral health coverage is denied or terminated during the course of treatment, I am completely responsible for all payments of any services rendered. This includes co-payments and deductibles that are not reimbursed through the subscriber's insurance policy. I hereby authorize Prism Psychological Services to release all information necessary to secure the payment of benefits. I authorize the use of the signature below on all insurance submission, whether manually or electronically. In regard to the cancellation/no show policy, I understand that 48 hour notice is required to change or cancel an appointment. I understand that a \$50.00 "time reserved" charge may be applied for cancellations and/or no-shows that occur after the 48 hour window. _____ **INITIAL**

By my signature below, I hereby give consent for assessment and/or treatment services through Prism Psychological Services. PPS will abide by all professional confidentiality guidelines, as well as federal HIPAA regulations in order to protect your privacy. Information about you will not be released without signed consent from you. Exceptions to this include: in case of a Court order; the need for a mandatory report of child abuse/neglect or elderly abuse/neglect; or evidence of dangerous to self or others.

Signature

Date