

Amy E. Chambliss, Psy.D.
Clinical Psychologist
CA License # 18614
171 Front Street, Suite 104
Danville, CA 94526
(925) 413-2250

Client Information

Client name: _____

Address: _____

Client cell phone number: _____

Permission to leave detailed message: Yes/No

Additional cell phone number and name (parent guardian): _____

Permission to leave detailed message: Yes/No

Primary e-mail address: _____

Client date of birth: _____

Are there other health care providers you may want Dr. Chambliss to collaborate with regarding your care? If yes, please complete page #2 (Release of Information Consent Form)

What current medication(s) do you take:

Emergency contact information (parent or guardian if minor):

Name: _____

Address: _____

Phone number: _____

Payment:

Clients are expected to pay the therapy fee at the time of their session by either cash, check, PayPal (paypal.me/DrAmyChambliss) or Venmo (@Amy-Chambliss-2)

Credit Cards are not accepted. Returned checks will incur a \$25 fee.

If paying by Venmo or PayPal, **please list your preferred handle below so a request for payment can be sent if needed** _____

Thank you!

***Only needed if you answered yes to above question about collaboration with your other health care providers.**

<h2>Release of Information Consent Form</h2>
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I, _____, authorize _____

to: ___ (send) ___ (receive) the following ___ (to) ___ (from) the following agencies or people:

Name Address City State Zip Phone

Name Address City State Zip Phone

Name Address City State Zip Phone

- | | |
|---|--|
| <input type="checkbox"/> Academic Testing Results | <input type="checkbox"/> Psychological Testing Results |
| <input type="checkbox"/> Behavior Programs | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Case Notes | <input type="checkbox"/> Summary Reports |
| <input type="checkbox"/> Intelligence Testing Results | <input type="checkbox"/> Vocational Testing Results |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Personality Profiles | <input type="checkbox"/> Other (specify) _____ |

 Progress Reports

 Psychological Repots

The above information will be used for the following purposes:

- Planning Appropriate Treatment or Program
- Continuing Appropriate Treatment or Program
- Determining Eligibility for Benefits or Program
- Case Review
- Updating Files
- Other (specify) _____

****I understand that I may revoke this consent at any time by providing written notice, and after one year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information.**

Signature of Client _____ Date _____

Signature of Parent/Guardian _____ Date _____