

Welcome to Calm Gardens Therapy!

We're thrilled that you've chosen us for your therapy journey. To ensure a smooth start to your treatment, we offer the convenience of completing necessary documents electronically through our website. However, there's one important step we need your help with before we can proceed: **insurance verification**.

For the individual receiving services, we kindly ask that you send the following information to our office:

- Full Name
- Date of Birth
- Images of the front and back of the insurance card

This information is essential for verifying coverage and ensuring that we can move forward with scheduling your sessions. Without it, we'll be unable to proceed with scheduling your first appointment.

Quick Scheduling Incentive:

To expedite your scheduling process, we encourage you to send in the required insurance information along with your completed packet. Those who do so may be eligible for quicker scheduling! Otherwise, you may be placed on a waitlist.

Once the necessary insurance information is received, we can move forward with completing your paperwork and setting up your sessions. Below is a brief overview of the documents you will need to complete:

1. **Client Services Agreement and Informed Consent** – This agreement outlines the expectations and policies for your treatment, including your rights and responsibilities.
2. **Notice of Privacy Practices** – This document explains how we protect your personal information and adhere to privacy laws.
3. **Release of Information (ROI) for Insurance** – This form grants us permission to share information with your insurance provider for billing and coverage purposes.
4. **EAP Client Intake and Payment Information** – For those utilizing an Employee Assistance Program (EAP), this form provides information related to billing through your EAP.
5. **Practice Policies and Expectations** – Here, you'll review our policies regarding attendance, communication, and other logistical aspects of your treatment.
6. **Child Therapy Confidentiality and Treatment** – For adolescent clients, this outlines the confidentiality and treatment guidelines specific to child therapy.
7. **Standard Intake Questionnaire** – This form gathers important background information to help us understand your needs and provide the best care.

If you have any questions or need assistance, please don't hesitate to reach out to our office at info@calmgardenstherapy.com. We look forward to working with you and supporting your therapeutic journey!