

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone# (s): \_ \_\_\_\_\_ \_

Is it OK to leave detailed messages at this number? \_\_\_ \_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of contact: \_\_\_\_\_

Who referred you? \_\_\_\_\_

Employer: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy number : \_\_\_\_\_

Group number: \_\_\_\_\_

I understand that everything I discuss with Allison Grace, MSW, LCSW in Psychotherapy

is confidential and protected by HIPAA. The only exception to this could be if I

share life threatening information or cases of child or elder abuse.

- I have received a copy of my HIPAA rights and a copy of my Consent to Counseling and understand that I may ask questions about these documents at any time.

I understand that I may be charged for:

- Canceling an appointment without 24 hours notice.
- Phone consults that last longer than 15 minutes.
- Denial of coverage from my insurance company.

Signature \_\_\_\_\_ date \_\_\_\_\_

Awaken Grace LLC. Allison A. Grace, MSW, LCSW. 2190 S. Mason Rd. Ste. 100 Des Peres, MO 63131