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

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 _____________________________

Employer __________________________________________________

Insurance company ________________________ Insurance phone number _______________________

Who is carrier of insurance__________________________ Date of birth of Carrier_______________?

Relationship to client___________________________

Insurance member Number______________________________

Insurance group number_____________________________

Secondary insurance Member number _____________________________

Group number ____________ Secondary insurance phone number ___________________

I understand that everything I discuss with Allison Grace, 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 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___________________________