

Today's Date: _____

Client: _____ Age: _____ DOB: _____

 Last First Initial

Address: _____

City: _____ State: _____ Zip: _____

Primary Contact#: () _____ Home: () _____ Cell: () _____ Work: () _____

Social Security Number (MUST HAVE): _____ Referred By: _____

Name of primary care provider _____

Primary Care Provider Phone Number _____

Primary Care Providers Address _____

Circle Appropriate: Gender- F M Single Married Divorced Separated Widowed

If minor, parent(s)/guardian name: _____

Person Responsible for Account:

Name: _____

Relationship to Client: Self Spouse Parent Other _____

Address of Responsible Party:

Street: _____ City _____ St: _____ Zip _____

DOB: _____ Social Security(MUST HAVE): _____ Phone: _____

Place of Employment: _____ Phone: _____

Emergency Contact Name, Phone Number, relationship: _____

I. Primary insurance Company: _____ Phone: _____

Insured's Name: _____ DOB: _____

Social Security of insured(MUST HAVE): _____ Gender: _____

Address _____ City _____ State _____ Zip _____

Phone:() _____ Cell: () _____ Work: () _____

Employer: _____

ID Number: _____ Group Number: _____

2. Secondary insurance Company: _____ Phone: _____

Insured's Name: _____ DOB : _____

Social Security of insured(MUST HAVE): _____ Gender: _____

Address: _____ City _____ State _____ Zip _____

Employer: _____

ID Number: _____ Group Number: _____

Phone: () _____ Cell: () _____ Work: () _____

FINANCIAL ASSIGNMENT AND RELEASE

I agree to pay D. Michael Bruhn or Holly Bruhn for all counseling services rendered. If counseling services are covered by private insurance, benefits due to me under existing policies are hereby assigned to D. Michael Bruhn or Holly Bruhn. I permit a copy of the signature on this release to serve as a lifetime authorization. A copy of this form may be used in place of the original. I understand that specific diagnostic and treatment information may be required by third party payers and I consent to release all requested information. I understand that I am personally responsible for the cost of counseling services including but not limited to:

- 1. Unmet deductibles, co-insurances, and co-pays.
- 2. Any fees or unpaid portions not covered by insurances.
- 3. All broken appointments without 24 hour notice: Broken appointment fees without 24 hour notice are \$100 per occurrence.
- 4. All payments are expected At the Time of Service unless a payment plan has been made in advance.

Failure to maintain fee agreements will result in legal action. All additional expenses incurred by legal action will be added to my balance and will also be my responsibility.

- 5. All past due balances will result in interest charges added to my account at the rate of 18% annually (1.5% per month).

I hereby consent to treatment and affirm that I have read this financial agreement and release. I agree to abide by these terms in full.

Client/Name: _____ Date: _____

(Print Name)

Client/Responsible Party: _____ Date: _____

(Signature)

Witnessed by: _____ Date: _____

NOTICE OF PRIVACY PRACTICES

For Bruhn Counseling, LLC

How We Collect Information About You: Bruhn Counseling, LLC collects data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between D. Michael Bruhn and other health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance,

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page www.bruhncounseling.webs.com that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site. To avoid potential data capture that you visited, simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of D. Michael Bruhn. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.

You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

I have read and understand the written privacy practices of D. Michael Bruhn.

Client name- please print

Client or authorized representative's signature

Date