



Lifeline Counseling LLC

Child Information Form

Child Name (First) _____ (MI) _____ (Last) _____

Date of birth: _____ Gender: _____ (male/female/specify)

Parent(s) Name(s) _____

_____ address _____ city _____ state _____ zip

home phone: _____ cell phone _____

School attending: _____ grade: _____

Emergency Contact name and number: _____

Financial Responsibility

All services require payment upon arrival by cash, check, or credit/debit. We are unable to bill for services. Services may not qualify for insurance benefits or reimbursement, depending on each individual plan. Please give 24 hours notice of cancellation/rescheduling of appointments. Failure to attend or cancellation of appointments within 24 hours are subject to a \$50 cancellation fee. *Please make checks payable to: Lifeline Counseling LLC*

Release for Email Communication

Communication over the Internet and/or using the email system are not encrypted and are inherently insecure. There is no assurance of confidentiality of information when communicated this way. Nevertheless, you may request that we communicate with you via email. To do so, you must agree to the following terms and conditions:

- 1) This request applies only to correspondence to/from this provider
- 2) No communication of health information that is specifically protected under state and federal law (e.g. HIV/AIDS information, substance abuse treatment records information, mental health information) via email even if you agree to communicate with this provider via email.

Please specify the email address to which communication should be addressed:

email: _____

I certify the email address provided on the request is accurate, and that I, or my designee on my behalf, accept full responsibility for messages sent to or from this address. I understand and acknowledge that communication over the Internet and/or using the email system are not encrypted and are inherently insecure; that there is no assurance of confidentiality or information when communicated this way. I agree to hold Lifeline Counseling and individuals associated with it harmless from any and all claims and liabilities arising from or related to the Request to communicate via email.

_____ signature

_____ date