



# Lifeline Counseling LLC

## Adult Information Form

Patient Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ (male/female/specify)

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

home phone: \_\_\_\_\_ cell phone \_\_\_\_\_

Employer: \_\_\_\_\_ work phone \_\_\_\_\_

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*

*I have read the above statement of financial responsibility*

\_\_\_\_\_ *sign name*

\_\_\_\_\_ *date*

## Patient Request for Email Communication

Communications 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.

email address to which communication should be addressed: \_\_\_\_\_

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 communications over the Internet and/or using the email system are not encrypted and are inherently insecure; that there is no assurance of confidentiality of information when communicated this way. I agree to hold Lifeline Counseling LLC and individuals associated with it harmless from any and all claims and liabilities arising from or related to the Request to communicate via email.

\_\_\_\_\_ *sign name*

\_\_\_\_\_ *date*