Mothering Voice Psychological Services, PLLC
Client Information sheet

Please provide the following information:

Name: _____ DOB: _____

Email:_____

Phone: Home (___)_____ Work (___)_____ Mobile (___)_____

Address: _____
City_____Zip Code_____

Employer: _____ Education: _____

Emergency Contacts
Name_____ Phone #_____ Name_____ Phone #_____

Mothering Voice and Bluestone or its contracted billing service may bill the following insurance company(ies) and they may pay the clinic directly. I authorize Bluestone to release the necessary information for use by insurance company(ies) for processing claims for treatment and/or for requesting the authorization of additional sessions, including the release of PHI, diagnosis, and clinical information.

PLEASE BRING YOUR CARD WITH YOU TO YOUR APPOINTMENT. (*Complete for primary and secondary insurance, if applicable***.)**

Insurance Company: _____ ID Number: _____

Group Number: _____ Subscriber Name and Date of Birth: _____

Employer_____

Insurance Company: _____ ID Number: _____

Group Number: _____ Subscriber Name and Date of Birth: _____

Employer_____

I assign directly to Bluestone all medical benefits, if any, otherwise payable to me for services rendered. I understand I am financially responsible for all charges whether or not paid by insurance.

Client signature: _____ Date:_____

Parent/Client signature: _____ Date: _____

First Appointment Details

1. How do you want to be notified for your appointments? (Please choose only one.)

_____ e-mail

____ text message (I am aware that text messages can arrive at any time and that it is possible that someone other than me could see this message by looking at my cell phone screen.)

_____ I do not want an appointment reminder.

2. Dr. Buysse can leave detailed, confidential messages at the following phone #s:

____ home phone

_____ Cell phone

_____ please do not leave detailed phone messages on any of my phone numbers

Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.

_____ _____

Signature **Date**

Information for Child Client (if applicable)

Legal Guardian #1 _____

Phone and email if different from above_____

Legal Guardian #2 _____

Phone and email if different from above_____

_____ Grade and Teacher _____

_____ School _____

Child is living with _____mother _____ father _____ both mother & father

_____other (please explain)_____ (please describe legal status)

If parents are divorced or separated, please describe the legal status of the parental relationship and current living arrangements.
