

Annual Information Update 2017

Please return to ECS Staff at your first appointment of 2017

Client's Full Name: _____ Date of Birth: _____

CONSENT FOR TREATMENT

I consent to the evaluation and treatment process with Edgewood Clinical Services, and I understand that this process may include myself, my spouse, my children, and/or other family members. I understand that I have the right to withdraw from treatment at any time.

I understand that if I am a divorced parent of a child, my ex-spouse may be informed of our child's treatment at Edgewood. I understand that the number of visits I receive will depend on the type(s) of issues that exist, the recommendations made, and the effort that I (client) put forth by following suggested recommendations.

By signing below, I reaffirm my consent to the evaluation and treatment process with Edgewood Clinical Services as well as all other consents and notifications as stated in my New Client Paperwork and listed in their entirety online at www.edgewoodclinicalsolutions.com. I further understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. Copies of any consents previously signed may be requested at any time from my clinician or by contacting the Practice Director. Page 2 of this form includes options to provide my updated consent for release of information to other providers or individuals involved in my treatment as is required every 12 months.

Client Signature (*Client 12 & over*): _____ Date: _____

Parent/guardian Signature: _____ Date: _____

INSURANCE INFORMATION

Primary Insurance Carrier: _____ Group Number: _____

Member ID: _____ Policy Holder: _____ Relationship to Patient: _____

**** Please provide insurance card to be copied at the office as soon as it become available.

IF ANY DEMOGRAPHIC OR INSURANCE INFORMATION HAS CHANGED IN THE LAST 12 MONTHS, PLEASE COMPLETE BELOW:

Primary Street Address: _____ City: _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____