

Client Information Form – Adult

Client: Legal Name: _____

Preferred Name _____ Birth Date: _____

Married _____ Single _____ Divorced _____ SS# _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: (Home) _____ (Work) _____

(Cell) _____

At which of the numbers can we leave a brief message if necessary? _____

Email address _____

Would you like a reminder **text** for future appointment times? _____ ***

***If “Yes” who is your cell phone carrier? _____

Express Prior Consent To Contact Consumer by Cell Phone:

You agree, in order for us to service you and your account, or to collect monies you may owe, Auburn Psychology Group, LLC and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

Responsible Name: _____ SS# _____ D.O.B. _____

Party: Address: _____

Phone #: (Home) _____ (Work) _____ (Cell) _____

Place of Employment: _____

Agreement To Pay:

I, the undersigned, accept the fee charged as a legal and lawful debt and agree to pay said fee, including any/all collections agency fees, (33.33%), attorney fees and/or court costs, if such be necessary. I waive now and forever my right of exemption under the laws of the constitution of the State of Alabama and any other State.

Insurance company: _____

Policy Holder’s Birth Date: _____

Policy Holder’s Place of Employment: _____

Relationship to Client: _____

Please provide a copy of your insurance card and photo identification.

Your signature below indicates that you have received, read, and agreed to the terms of the following

- notices: 1. Alabama Notice Form (HIPAA)
- 2. Psychologist/Client Services Agreement
- 3. Fee Agreement

Signature of client (age 14 or older) or legal representative

Date

Responsible Party signature

Date