



Meaningful Connections Counseling, PLC Registration Form

Thank you for choosing Meaningful Connections Counseling to assist with your therapeutic needs. Please answer all of the following questions so that we may be of complete and accurate service to you. While this office recognizes a number of sexes/genders, most insurance companies do not. Please complete these forms with your legal name/gender for billing purposes. If your preferred name or pronouns are different, please let us know. Please read and sign the accompanying forms.

Date: _____

Patient Legal Name: _____ Gender Identity: _____

Address: _____ City: _____

Zip Code: _____ Phone (Cell): _____ Phone (Work): _____

May we leave a message: Yes ___ No ___ Preferred contact method: _____ Text: Yes ___ No ___

Email address: _____

Date of Birth: _____ Age: _____ Social Security #: _____

Employer: _____ Occupation: _____

Referred by: _____ Diagnosis if any: _____

INSURANCE INFORMATION:

Please allow us to make a copy of your insurance card and ID.

Name of Holder of Insurance: _____

If not self: Relationship: _____ Insurance Holder's SSN: _____

Primary Insurance: _____ Contract #: _____

Secondary Insurance: _____ Contract #: _____

Medicaid: No Yes # _____ Medicare: No Yes # _____

I hereby consent and authorize Meaningful Connections Counseling to make any and all insurance claims on my/our behalf for the duration of my/our services at this office.

Client Signature: _____ Date: _____

CLIENT NOTICE OF CONFIDENTIALITY

The confidentiality of your client records is of critical importance to us. Federal law and regulations protect client records that are maintained at Meaningful Connections Counseling. No member of Meaningful Connections Counseling may discuss information with individuals outside of Meaningful Connections staff, which staff includes supervision being provided by Dr. Dan Klainer and Dr. H. Dean Dorman. Nor, may they identify a person as a client at Meaningful Connections, unless you consent to a release of information in writing. There are several exceptions to the law and regulations. Federal law and regulations do not protect any information about: suspected child or vulnerable adult abuse or neglect, court order to release records, intent to harm others or commit homicide, or intent to commit suicide, from being reported. Similarly, if there is a medical emergency that requires identification for treatment, information may need to be disclosed.

Violation of the Federal Law and regulations by an organization is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

I _____ have been provided with a copy of this notice and a copy of the recipients rights brochure, if applicable, and I understand the information presented here about client confidentiality. Further, I understand my rights and the complaint process and procedures for filing a complaint.

Client Signature _____ Date _____