Jennifer Reid, LSCSW
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CLIENT REGISTRATION FORM

Name _____
First Middle Last DOB

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ (Work) _____ Email _____

Primary Care Physician _____

Who may I thank for referring you to this office? _____

Responsible Party Information

Responsible Party (if different from above) _____
First Middle Last DOB

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ (Work) _____ Email _____

Medical Insurance Information

Primary Medical Insurance

Subscriber _____ DOB _____
First Middle Last

Relationship to Client _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ (Work) _____ Email _____

Employer _____

Insurance Carrier _____

Identification Number _____ Group Number _____

Do you need a referral for mental health services? _____

If so, have you acquired this prior to this visit? _____

Assignment of Benefits

I authorize payment of medical benefits to Jennifer Reid, LSCSW:

Signed _____ Date _____

I authorize Jennifer Reid, LSCSW to release information to my insurance company in order to process this claim:

Signed _____ Date _____

Medical Insurance Information

Secondary Medical Insurance

Subscriber _____ DOB _____
First Middle Last

Relationship to Client _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (Cell) _____ (Work) _____ Email _____

Employer _____

Insurance Carrier _____

Identification Number _____ Group Number _____

Do you need a referral for mental health services? _____

If so, have you acquired this prior to this visit? _____

Assignment of Benefits

I authorize payment of medical benefits to Jennifer Reid, LSCSW:

Signed _____ Date _____

I authorize Jennifer Reid, LSCSW to release information to my insurance company in order to process this claim:

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Communication

I offer my clients and/or the client's designees the opportunity to communicate by email or text. I use reasonable means to protect the security and confidentiality of email/text information sent and received; however, I am not currently equipped to encrypt or encode such email/text messages, so all email/texts between client/designee and myself remains in an easily readable format that anyone would be able to read who gains access to it. Because I cannot guarantee the security and confidentiality of email and text communications, I will not be liable for improper disclosure of confidential information that is not caused by my intentional misconduct or breaches of confidentiality caused by the client/designee. Transmitting client information by such aforementioned methods has a number of additional risks that you should consider before using them. These include, but are not limited, to the following:

1. Email/texts can be circulated, forwarded, and stored in numerous paper and electronic files.
2. Email/texts can be immediately broadcast worldwide and be received by intended and unintended recipients.
3. Email/text senders can easily misaddress email/texts.
4. Email/texts are easier to falsify than handwritten or signed documents.
5. Backup copies of email/texts may exist even after the sender or the recipient has deleted his or her copy.
6. Employers and online services have a right to archive and inspect emails transmitted through their systems.
7. Email/texts can be intercepted, altered forwarded, or used without authorization or detection.
8. Email can be used to introduce viruses into computer systems.
9. Email/texts can be used as evidence in court.

Please indicate below how I can communicate with you by signing your initials next to the preferred method of communication:

- Home _____
- Cell _____
- Work _____
- Email _____
- Text _____

My signature indicates I have read and understand the information contained in this form.

Signed _____ Date _____