Main Line Therapeutics & Wellness

600 Haverford Road, Suite 200, Haverford, PA 19041
1224 Baltimore Pike, Suite 201, Chadds Ford, PA 19317
610-525-6246 (Voice) / 610-525-2552 (Fax)

CLIENT INFORMATION FORM

PLEASE FEEL FREE TO DISCUSS ANYTHING IN THIS DOCUMENT WITH YOUR THERAPIST

Client's Legal & Preferred Names:_____

D.O.B:____/____/____ Client's SS#:_____-_____-_____

Gender: _____ Client's Preferred Pronouns: _____

Client's Address:_____

Parent/Guardian 1 (for Client under 18):_____

Address for Parent/Guardian 1:_____

_____

Phone Numbers that we may call (Parent/Guardian 1):

Home: _____

Work: _____

Cell: _____ (**May we text you**? _____Yes _____No)

Email: _____ (**May we email you**? _____Yes _____No)

Parent/Guardian 2 (for Client under 18, and if applicable): _____

Address for Parent/Guardian 2:_____

_____

Phone Numbers that we may call (Parent/Guardian 2):

Home: _____

Work: _____

Cell: _____ (**May we text you**? _____Yes _____No)

Email: _____ (**May we email you**? _____Yes _____No)

Custody Arrangement (for divorced/separated parents):
_____ informal (no court order)
_____ joint legal custody
_____ sole legal custody (parent/guardian 1)
_____ sole legal custody (parent/guardian 2)

Primary residence of child is with: _____

Insured's Name:_____ Insured's D/O/B: ____/____/____

Insured's SS#:_____-_____-_____

Insured's Address:_____

CONFIDENTIALITY
Confidentiality refers to a professional's obligation not to disclose any information given to her/him in confidence by a client. Confidentiality refers to a client's right to privacy. All information exchanged during the counseling session and at any other time in the therapeutic relationship is private and confidential. Any identifying information about a client is always kept private.

There are four circumstances that change this confidential relationship. They are:

1. Potential Harm to Self or Others;
2. Physical or Sexual Abuse of or by a Minor;
3. Written Consent by the Client;
4. Under Court Order (in certain situations).

It should be noted that many insurance companies now require, *with your written consent*, that a brief summary of your care be periodically sent to them and to your primary care physician.

FEES AND COPAYMENTS
Clients seeking service are responsible for all fees owed for each scheduled appointment. At Client's request, *Main Line Therapeutics & Wellness* will provide a monthly bill that the Client may submit to their insurance company for possible reimbursement for services rendered.

It is important to also be aware of any limitations your particular insurance policy may impose. For example, some insurance plans will pay for only up to a certain number of visits a year. Similarly, some insurance plans require that you satisfy a deductible (may be either annual or lifetime) before they will reimburse you for a portion of your payments, particularly for "out of network" providers.

If payments are not made in a timely manner, and other arrangements have not been made with the individual therapist, *Main Line Therapeutics & Wellness* reserves the right to secure the services of a collection agency to collect unpaid fees.

CANCELLATIONS
All cancellations must be made at least 24 hours before your scheduled appointment. There will be a charge for a full session for any appointments missed, or cancelled without at least 24 hours advance notice.

EMERGENCIES
In the event of any life-threatening emergency, please call 911 or proceed directly to your closest hospital emergency room. In the event of non life-threatening urgent matters please utilize the crisis plan that your therapist has in place. If you are unable to reach your therapist, please call the voicemail and leave a message.

I have read and understand the policies and procedures stated above and any questions have been answered to my satisfaction. I grant my permission for my therapist or any other MLTW personnel to utilize the address(es) and phone number(s) that I have listed.

Client Signature	Client Name Printed	Date
Parent/Legal Guardian Signature (If Client is under 18 years of age)	Witness	Date
Parent/Legal Guardian Signature (If Client is under 18 years of age)	Witness	Date