

Instructions to Fill Out Forms

Attached is the paperwork to fill out and send back as an attachment if your session will be phone or video. Otherwise, simply bring filled out paperwork with you at our face-to-face session. Please write neatly so I am able to read it.

- Simple instructions: On the Phone Consent Form, check both boxes, sign, and date.
- On Financial Agreement Form, sign the first line and date.
- On Patient HIPAA Consent Form fill out the entire Form.
- On the Client Medication List, fill out entire Form.
- On Master Treatment Plan Form, fill out your last name first and first name last, date, print your name or child's name at the bottom, then sign and date on next page. I will fill out all the rest.
- On Release of Info. Form, print your name on the correct line if you do or do not wish to release info. If you do, to whom. Sign and date at bottom.
- All places that say "Witness" is for me to sign.
- Do you wish Advance to withdraw copays from your credit card? If yes or no, fill out appropriate line and sign. I will witness it.

If you are attending session face-to-face, our address is 110 Trealout Dr. Suite 103 Fenton, MI 48430.

Thank you.