## Gail A. Phillips, LCSW

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## **Instructions (Couples)**

Please print and complete the following forms and bring them in to your initial appointment.

- 1. Client Intake Form

  Each client completes this form. We will review the information together.
- 2. Client Information

  Each client completes this form. We will review the information together.
- 3. Couples Intake Questionnaire

  Each client completes this form. We will review the information together.
- 4. Consent for Treatment Form *Both clients sign this page.*
- 5. HIPAA Client Notification of Privacy Rights *This document is for your information only.*
- 6. HIPAA Client Notification of Privacy Rights Signature Page

  Both clients sign this page after reading the HIPAA Client Notification of Privacy
  Rights.
- 7. Credit/Debit Card Authorization Form *Please complete this form.*
- 8. Authorization for Release of Information

  This form is optional. If you would like Gail to consult with one of your health care providers, complete this form.