

Gail A. Phillips, LCSW

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Instructions (Minor)

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

1. Client Intake Form (Minor)

This form is to be completed by the parent(s)/guardian(s), and signed by the parent(s)/guardian(s) and the minor. We will review the information together.

2. Client Information (Minor)

This form is to be completed by the minor (with parent(s)/guardian(s) assistance if needed), and we will review the information together.

3. Client Questionnaire (Minor)

This form is to be completed by the minor.

4. Consent for Treatment (Minor)

This form is to be signed by the parent(s)/guardian(s) and the minor.

5. HIPAA Client Notification of Privacy Rights

This document is for your information only.

6. HIPAA Client Notification of Privacy Rights Signature Page (Minor)

This document is to be signed by the parent(s)/guardian(s) and the minor, after reading the HIPAA Client Notification of Privacy Rights Form.

7. Credit/Debit Card Authorization Form

This form is to be completed and signed by the parent(s)/guardian(s).

8. Authorization for Release of Information

This form is optional. If you would like Gail to consult with one of the minor's health care providers, the parent(s)/guardian(s) complete this form.