

# **Gail A. Phillips, LCSW**

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## **Instructions**

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

1. Client Intake Form

*Please complete this form and we will review the information together.*

2. Client Information

*Please complete this form and we will review the information together.*

3. Consent for Treatment Form

*Please complete this form.*

4. HIPAA Client Notification of Privacy Rights

*This document is for your information only.*

5. HIPAA Client Notification of Privacy Rights Signature Page

*Please sign this page after reading the HIPAA Information Form.*

6. Credit/Debit Card Authorization Form

*Please complete this form.*

7. 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.*