**Red Door Counseling and Consultation LLC**

250 Cushman, Suite 4J • Fairbanks, AK 99701

(907)799-6054 • FAX (907)456-2260

**CLIENT INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Party responsible for charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Check here to receive a reminder about your appointments

Please text me at this number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR

Please call me at this number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT CONSENT AND AUTHORIZATION**

I have been informed by Red Door Counseling and Consultation of its Notice of Privacy Practice and I have been given the right to review the notice prior to signing this consent. I understand that this organization has the right to change its policy from time to time and that I may contact it to obtain a current copy. I have received the Disclosure Statement for Red Door Counseling and Consultation and agree to abide by its terms.

I understand that I may request in writing that Red Door Counseling and Consultation restrict how my protected information is used or disclosed and that it is not required to agree to my requested restrictions, but if it does agree then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that action was already taken relying on the consent.

I acknowledge that Red Door Counseling and Consultation is open on weekdays during regular business hours, and that I have been provided with a list of emergency service providers if I need assistance when my therapist is not available.

I hereby authorize Red Door Counseling and Consultation to provide treatment as deemed necessary or to make an appropriate referral. I acknowledge full responsibility per the disclosure statement for the payment of such service and that cancellations with less than 24-hour notice will be billed $50.

Client/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_