Mindworks, Inc.

616 N. North Court, Suite 150
Palatine, IL 6006\
847-845-7837 (p)
mindworkspractice@gmail.com

REGISTRATION INFORMATION

I. PATIENT INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Phone - Home: _____ Cell: _____

Where should I leave messages?: _____

Email address: _____

II. IF PATIENT IS A MINOR, PARENT OR GUARDIAN INFORMATION

Parent One: _____

Street Address: _____

City: _____ Zip Code: _____

Phone - Home: _____ Cell: _____

Where should I leave messages?: _____

Email address: _____

Parent Two: _____

Street Address: _____

City: _____ Zip Code: _____

Phone - Home: _____ Cell: _____

Where should I leave messages?: _____

Email address: _____

Child resides with?: _____ Custody Arrangements?: _____

III. RESPONSIBLE PARTY

Name of party responsible for bill: _____

Is a party other than patient or parent listed above to be billed?: Yes No

If so, Who? (Billing information can be collected in session): _____

IV. INSURANCE INFORMATION

Policy Holder: _____ Date of Birth: _____

Employer: _____

Name of Insurance Co.: _____

Policy/ID#: _____Group #:_____

Phone number of insurance co. on card: _____ Copay: _____

V. RESPONSIBLE PARTY - PLEASE INITIAL EACH

_____ I consent for any information to be released that is necessary to bill insurance, including but not limited to identifying information, diagnosis, progress notes regarding treatment, medications taken and treatment goals.

_____ I allow payment of my insurance benefits to be directed to Mindworks, Inc. and/or Rossana Woldman, L.C.S.W. I am aware that I am ultimately responsible for any and all charges. I understand that Mindworks. Inc. and Rossana Woldman, L.C.S.W. will attempt to bill the insurance company as a courtesy but that if insurance difficulties arise, it will be my responsibility to either resolve payment issues or to pay the expenses myself. I understand that if I ask that a third party is billed for the cost of treatment, I still remain ultimately responsible for my bill if they choose not to pat and give permission for Mindworks, Inc. and Rossana Woldman, L.C.S.W. to release information necessary for any collection measure to resolve a debt.

_____ I have been given, in this initial packet, a copy of the Informed Consent for Psychotherapy, General Policies and Procedures and the Notice of Privacy Practices for Mindworks, Inc and Rossana Woldman, L.C.S.W. This paperwork is mine to keep for future reference and I may request another copy at any time. I agree to the terms. They are subject to change over time, and Mindworks, Inc. and Rossana Woldman, L.C.S.W. agrees to send out notification of any changes if I am a current patient during the month of the changes. If I lapse from treatment and return, however, it is my responsibility to ask about changes to any of this paperwork or request a current copy.

_____ I understand Mindworks, Inc and Rossana Woldman, L.C.S.W.'s confidentiality and HIPAA policies. I can ask for copies of my records if I choose. I understand that patients between the ages of 12-18 have different confidentiality rights from a child under 12 or an adult..

_____ I release Mindworks, Inc. and Rossana Woldman, L.C.S.W. from responsibility for any injury resulting from my leaving counseling against clinical advice, from not following clinical advice or from not informing Mindworks, Inc and/or Rossana Woldman, L.C.S.W. I waive my right to take legal or licensure action against Mindworks, Inc and/or Rossana Woldman, L.C.S.W. except in cases in which malicious negligence can be proven.

_____ I have received a copy of my HIPAA rights (Notice of Privacy Practices).

MY SIGNATURE HERE GIVES CONSENT FOR TREATMENT AND AN ACCEPTANCE OF THE POLICIES AND PROCEDURES OF MINDWORKS, INC. AND ROSSANA WOLDMAN, L.C.S.W.

_____ _____

Print Name-Patient, if age 12 or older **Print Name -Parent,** if child is under 18

_____ _____

Signature - Patient, if age 12 or older **Signature - Parent,** if child is under 18

_____ _____

Dated **Dated**

_____ _____

Witnessed **Dated**