KAREN ROSE, MFT
2140 Shattuck Avenue, Suite 503, Berkeley, CA 94704
870 Market Street, Suite 1065, San Francisco, CA 94102
510-486-1188

I. PERSONAL INFORMATION

Your Full Name: _____ Nickname: _____

Email:_____

Home Address: _____

City, State, Zip: _____

Home Phone #:_____ Other Phone #:_____

Date of Birth_____Soc. Sec. #_____

Your Current Employer:_____Work Phone #_____

Emergency Contact Person:_____Relationship:_____

Emergency Contact's Phone #:_____

Primary Care Physician:_____Office Phone #:_____

II. INSURANCE – ATTACH A COPY OF YOUR INSURANCE CARD

INSURANCE COMPANY: INSURANCE COMPANY MENTAL HEALTH PHONE#:

SUBSCRIBER ID: AUTHORIZATION#:

EAP COMPANY: EAP PHONE #

III. CONSENT TO RELEASE OF INFORMATION

I hereby authorize Karen Rose to release any information necessary to facilitate the processing of insurance claims submitted on my behalf for services she renders to me.

IV. AUTHORIZATION OF PAYMENTS

I hereby authorize payment of insurance benefits to Karen Rose for services she renders to me. I understand that this authorization will remain in effect unless I terminate the authorization in writing.

IV. PRIVACY POLICY AND OFFICE POLICIES

I hereby acknowledge that I have received a copy of this office's Notice of Privacy Practices and Office Policies (available online at www.rose-cousling.com) including cautions about using email for communicating about private health information. I understand and agree to comply with them.

VI. CANCELLATIONS, CO-PAYMENTS, DEDUCTIBLES

I understand and agree that a 48 hour notice is required for cancellation of a session. I will pay for any missed sessions or sessions canceled late as per my insurance company's regulations. Insurance will not be billed for those sessions. I am responsible for all co-payments, deductibles and payments for sessions not covered by my insurance company. *

VII. FOR MEDI-CAL CLIENTS ONLY

I have been offered an Advance Directive, a Guide to Medi-Cal Mental Health Services, a CBHS Provider Listing and Client's Rights information sheet.

Signature:_____Date:_____

*If you need to reach Karen to change or cancel an appointment with less than 48 hours notice, please call 510-486-1188. Only use email for non-urgent communication. Thank you.