

Growing Harmony Services, LLC

Linda Tremblay, MA, LCMHC, MLADC

Offices Located: Dover & Pittsfield, NH Mailing Address: PO Box 274,
Northwood, NH 03261 603-661-7345 www.lindatremblaytherapy.com

Date: _____ Name: _____

DOB: _____ Sex: _____ E-Mail: _____

SS#: _____ Referral Source: _____

Any Firearms in the Home/on person/in automobile: _____

Emergency Contact: _____

Mailing Address: _____

Telephone #: _____ Home Ok to leave message?
_____ Cell or Work

Employer/School: _____

Partner Status: _____ Prior Treatment: _____ Suicidality: _____

Insurance ID# _____ Insurance Name: _____

Insurance Address & # _____

The above information is correct to the best of my knowledge. I agree to pay full fee for services. I agree to authorize Growing Harmony Services and/or Linda Tremblay to release any and all information pertinent to billing and managed care. I agree to pay for all evaluation services in full prior to any records or evaluation results being sent to the requesting entity. I understand that no records will be sent out until my fee is paid in full. I understand that I must provide Growing Harmony Services and/or Linda Tremblay with at least 24 hours notice of cancellation for any scheduled appointment. I agree to pay for any session, cancelled without 24 hours notice.

Fee Agreed on: _____ DATE: _____

Signature/Parent/Guardian/Client: _____

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Consent to Receive Services

Your initials signify that the following statements are true and correct.

- I understand the risks and benefits of therapy as discussed
- I have reviewed and received the PHI/HIPPA handout
- I understand and have received my rights and responsibilities
- I understand the limits of confidentiality as discussed
- I understand that I will be charged for a session if I do not give at least 24 hrs notice of cancellation.
- I understand that any 90 day plus outstanding balance may be submitted to collections and I give consent for this confidential information to be released to the collections agency.
- I understand by using my insurance health benefits, Linda will need to give me a behavioral health diagnosis which at a later time, may inhibit me from obtaining life or other types of insurance
- I understand Email or Phone Communication will be billed in fifteen minute increments at \$30 per fifteen minutes; \$55 per thirty minutes; \$80 per forty-five minutes. A five minute or less telephone conversation will be complimentary once a month. Payment for your email or phone session will be expected to be paid at your next scheduled session or mailed in within thirty days of the service.
- I understand Email and texting is used at times for scheduling purposes only. Facebook and other social media will not be used.

I/We, the undersigned, consent to received services from Growing Harmony Services/Linda Tremblay according to the terms described and discussed.

Name

Date
