

Sheila Bryan, LICSW, Psychotherapist
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Client Registration Form (Please Print or Type)

Today's Date: _____

Name/Nickname/Preferred name, Gender, Age, and Date of Birth: _____

Spouse/Partner's Name: _____

Social Security Number(s)(voluntary, not necessary): _____

Street Address and/or PO Box # (please put both if you have both), Town & ZIP Code: _____

Home, Work and/or Cell phone Number(s): _____

Email address(es): _____

Family Doctor's Name and phone number: _____

Emergency Contact Name, Phone Number and relationship to you: _____

Office Billing and Insurance Policies: Sheila Bryan, LICSW, currently is able to bill for counseling services with the following insurance companies: Aetna, Ambetter, Anthem Blue Cross/Blue Shield, Harvard Pilgrim, Magellan, Medicare, MultiPlan/PHCS network, NH Healthy Families, United Behavioral Health (UBH) and United Healthcare (UHC), also known as Optum. Your co-pay is due in full at each visit, unless Sheila Bryan, LICSW, decides to make alternative arrangements with you. Privately paying clients must pay in full at each visit. I understand that if I will be paying cash for counseling services, my records still may be viewed by my insurance company, appropriate New Hampshire licensing authorities, and any other state and federal programs. I am aware that any viewing of my records by appropriate state and federal authorities will be disclosed to me by Sheila Bryan, LICSW, as soon as ethically and/or legally allowed. I also understand that I am entitled to review my records as long as Sheila Bryan, LICSW, sits with me to review them.

Client (or parent) signature and date

Client signature (spouse/significant other/parent - if applicable) and date

Sheila Bryan, LICSW, has a 24 hour cancellation policy unless you have an emergency within 24 hours of your appointment. I understand that I will be charged the full hourly rate (as contracted by me with your insurance company) for a missed appointment if I do not reach Sheila Bryan, LICSW, in time to cancel my appointment. Please note that Sheila Bryan, LICSW, has sole discretion in deciding whether to impose a fee or not.

Client (or parent) signature and date

Client signature (spouse/significant other/parent - if applicable) and date

Sheila Bryan, LICSW, witness

Initial here for a copy of this from (couples both need to initial): _____

If you do not want a copy, please initial here (couples both need to initial): _____
(Free copies will be provided at any time if requested)