



301 N Main St Suite 306 Pueblo CO 81003

Client Information

Client Name _____ DOB _____ Date _____
Address _____ City/State _____ Zip _____
Guardian Name _____
Preferred Method of contact: Phone msg/call/text _____
Email: _____

If using insurance, please provide:

Insured's Name _____ Insured's DOB _____
Insured's Address (if different from above) _____
Insurance Group ID _____ Member ID _____

Consent to Treat/Attendance Policy

My signature indicates my consent to services. I understand that I may request a second opinion, start, or stop services at any time without any repercussions. I also understand that consenting to services means that I am committed to working on myself. If I **no show and/or late cancel for a combination of 3 appointments**, I understand that my case will be closed, and future scheduled appointments will be canceled. If I do not attend therapy as described in my treatment plan or **if I have not attended for 60 days**, I understand that my case will be closed. I understand that if I late cancels or no show I will be charged a \$50 fee.

Signature (self or guardian if client is a minor)

Date

Communication:

My signature below indicates my authorization for representatives of The Morrissey Institute to communicate with me, send billing statements to the address on file, and send courtesy appointment reminders via: Text __ Email __ Phone __ It is our goal to provide secure communication via virtu, encrypted email and understand that texting is not secure communication.

By signing below, I am acknowledging the above statement.

Signature (Parent if client is a minor)

Date