



Healing Tree Counseling LLC
Jennifer Cruickshank, MS, LPC

Client Information

**Consent to the Use and Disclosure of Health Information
For Treatment, Payment, and Healthcare Operations**

As part of the client's healthcare, Healing Tree Counseling LLC: Jennifer Cruickshank MS, LPC, as the sole proprietor, originates, and maintains health records describing client health history, symptoms, observations, treatment planning, and recommendations. The information serves as a basis for treatment planning, communication with healthcare professionals/referrals, third party verification for billing of services, and a tool for review of professional competence.

Date: _____

Referred by: _____

Client information:

Name of client: _____

Mailing address: _____

Physical address: _____

Client social security number: _____ Date of birth: _____

Full name of responsible party: _____

Mailing Address: _____

Physical address: _____

Telephone numbers: (h) _____ (w) _____ (c) _____

Social Security Number: _____ Date of birth: _____



Insurance Information

Insured's name if different then above: _____

Relationship of client to the insured cardholder: _____

Insured's employer: _____

Insured's Date of Birth: _____

Primary Insurance Company: _____

Insurance Carrier's address: _____

Insurance Carrier's Phone #: _____

Policy #: _____ Group#: _____

I, _____, hereby assign all mental health benefits to include major medical benefits to which I am entitled to : Healing Tree Counseling LLC: Jennifer Cruickshank MS, LPC as sole proprietor at 135 W. 9th Street, Casper, WY 82601. This assignment will remain effective until revocation is given in writing. I hereby authorize Healing Tree Counseling LLC: Jennifer Cruickshank MS, LPC as sole proprietor to release information necessary to secure payment of benefits described above.

Insured/Parent/Guardian _____ Date _____

Therapist: Jennifer Cruickshank MS, LPC _____ Date _____