Annual Consent for Services

Client name: ____ Date of Birth: _______________________________

□ No Change to Address □ No Change to Phone □ No Change to Email

If changes are needed, please provide below:

Home Address: ____________________________________ City: ____________________ State: _____ Zip: _________

Primary Phone: ______________________________________ □Cell □Home □Business Messages - □ Yes □ No

Email Address: ____

Please use this area is there any changes to emergency contact or guardian information:

EMERGENCY CONTACT: ____ Phone: ______________________________

Email: ____ Relationship: _________________________

LEGAL GUARDIAN: ____ Phone: ______________________________

Email: ____ Relationship: _________________________

Is the Adult Client their own Legal Guardian? □ YES □ NO **If NO, please provide River Valley Guardianship Paperwork & name above.**

Changes to Insurance? □ YES □ NO

PRIMARY INSURANCE COMPANY	SECONDARY INSURANCE COMPANY
Name of Insurance: ______________________ Member ID#: ______________________ Group #: ______________________	Name of Insurance: ______________________ Member ID#: ______________________ Group #: ______________________
Copay: ________________ Deductible: ________________	Copay: ________________ Deductible: ________________

*ALL COPAYS, BALANCES AND PRIVATE PAY AMOUNTS ARE DUE IN FULL AT TIME OF SERVICE UNLESS AGREEMENT IS SET UP WITH BILLING DEPARTMENT

Changes to Credit Card on file? □ YES □ NO

If yes, please fill out the Credit Card Authorization form within the Patient Portal or I will call River Valley at 952-746-7664 and update my card on file.

Consent to Telehealth Services:

□ I give my consent to continue telehealth services through River Valley BHWC and agree to the terms and conditions regarding telehealth services through River Valley BHWC.

Consent to Services:

By Signing Below, I give my yearly consent to treatment at River alley BHWC as well as consent to the terms and conditions within the River Valley BHWC Client Service Agreement Guide, which includes the Financial Policy and the Client's Rights and Responsibilities. I know I can find a copy of the Service Agreement Guide by going to https://rivervalleybhwc.com/patient-forms/ or finding on my Patient Portal.

____ ________________

Signature of adult client OR parent/legal guardian Date

____ ________________

Signature of minor client (REQUIRED IF APPLICABLE) Date