Michael Hack, LCSW, SAP
Corporate Family Counseling, PLLC
2717 Commercial Center Blvd
Suite E-200
Katy, TX 77494

REGISTRATION FORM

Name:____

Home Phone:________________________**Cell Phone:**_________________________

Email:______________________________**Work Phone:**_________________________

Home Address:____

City:______________________________**State:**__________**Zip:**________________

______**Male** _____**Female** **Birth Date:**__________ **Age:**_______**SS#:**__________________

Employer:__________________________**Occupation:**__ ________________________

Relationship Status: ____**Single**____**Married**____**Widowed** __**Separated**___**Divorced** ____**Living with partner**

Spouse/Partner's Name____

Whom may we thank for referring you?____

In case of emergency, who should be notified?______________________**Phone:**__________

Any contact restrictions:____

Please check any/all preferred methods of appointment reminder:

____**Phone** ____**Text** ____**E-mail** **Do not contact by** _______________________

Other than myself, ________________**is given the right to receive information or make my appointments.**

CANCELLATION POLICY

Cancellation of an appointment requires 48 hours notification. Late cancellations will be charged at full fee, directly to the patient or client. A signature below indicates that you understand and accept these conditions.

Credit Card Type (ie: Debit, Health Savings, Matercard, Visa, Discover, etc: _____________________

Credit Card # for our confidential files: ___________________________

Expiration date: _ _/ _ _ **Security Code #:** _ _ _ **Billing Zip Code:** _ _ _ _ _

NOTICE OF PRIVACY PRACTICES

I have received a copy of Michael Hack, LCSW, SAP, Notice of Privacy Act Policies and I have been provided an opportunity to review it. I understand that as part of my care, Michael Hack, LCSW, SAP originated and will maintain paper and/or electronic records describing my history, symptoms, diagnosis, mental health treatment, business coaching, and any plans for future counseling. I understand this notice and I request the following restriction (s) concerning the use of my personal information: ______________________________

____________________________________ ________________
Signature **Date**