



# Headwaters

## Wellness & Counseling

Headwaters Wellness and Counseling LLC  
250 Cushman, Suite 4J • Fairbanks, AK 99701  
(907)456-2256 • FAX (907)456-2260

### CLIENT INFORMATION

Name \_\_\_\_\_ DOB \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Party responsible for charges \_\_\_\_\_

Referred by \_\_\_\_\_

### CLIENT CONSENT AND AUTHORIZATION

I have been informed by Headwaters Wellness and Counseling of its Notice of Privacy Practice and I have been given the right to review the notice prior to signing this consent. I understand that this organization has the right to change its policy from time to time and that I may contact it to obtain a current copy.

I understand that I may request in writing that Headwaters Wellness and Counseling restrict how my protected information is used or disclosed and that it is not required to agree to my requested restrictions, but if it does agree then it is bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that action was already taken relying on the consent.

I hereby authorize Headwater Wellness and Counseling to provide treatment as deemed necessary or to make an appropriate referral. I acknowledge full responsibility per the disclosure statement for the payment of such service and that cancellations with less than 24 hour notice will be billed \$50.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_