

Knippenberg, Patterson, Langley & Associates
Group, Family and Individual Counseling

Specializing in Child & Adolescent Neurobehavioral Disorders

2650 S. Eudora St.
Denver, CO 80222

Dear Client:

We would like to take this opportunity to thank you for choosing our practice for the treatment needs of your family. Our goal is to provide client-centered services to you and your family with the highest professional standards. It is of great importance to us that our clients are truly appreciated and valued throughout their treatment process. If at any time during the treatment process you have any questions or concerns, we urge you to address these promptly with your therapist. We also welcome your feedback personally as we continue to strive to provide the highest level of care.

Our practice is designed to run efficiently and economically to meet the needs of our clients. If you have any questions regarding our fee structure or policies, please do not hesitate to ask your therapist or any of us. These policies are designed to give the most flexibility possible to our clients.

It is our sincere hope that you will benefit greatly from our services and experience growth for yourself and/or your family.

Sincerely,

Craig A. Knippenberg, LCSW, M.Div.
Lisa M. Patterson, MA, LPC
Jimmy Langley, PsyD

Craig A. Knippenberg, LCSW, M.Div., P.C.
Knippenberg, Patterson, Langley & Associates

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Client Information Form

Start Date _____ Client DOB _____
Client First _____ Last _____
Address _____
Suite/Apt. _____
City _____ State _____ ZIP _____
Home Phone _____ Mobile/Cell _____
Work Phone _____ Email _____

For Office Use Only
Therapist _____
CPT _____
Diag Code _____
Session Length _____
Fee _____

Parent/Guardian Information (if client is a minor):

First _____ Last _____	First _____ Last _____
Address _____	Address _____
Suite/Apt. _____	Suite/Apt. _____
City _____ St _____ ZIP _____	City _____ St _____ ZIP _____
Home _____ Cell _____	Home _____ Cell _____
Work _____ Relation to Client: _____	Work _____ Relation to Client: _____
Email _____	Email _____
Check if Financially Responsible for Payment <input type="checkbox"/>	Check if Financially Responsible for Payment <input type="checkbox"/>

Please list all current household members and their ages:

Household Members

Age					
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Party to notify in case of an emergency:

Name: _____ Phone: _____ Relation to Client: _____

Referral Information (Please list all known information for us to send our thanks):

Name: _____ Referral Source: _____
Address: _____
City: _____ St _____ ZIP _____

*** Would you like a diagnosis listed on your billing statement: Yes No

*** As a fee-for-service private practice, we do not bill insurance companies for our treatment services.

Craig A. Knippenberg, LCSW, M.Div., P.C.
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DISCLOSURE STATEMENT AND FINANCIAL AGREEMENT

Colorado law requires that the following information be provided to all clients.

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The Board of _____ Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. As to the regulatory requirements applicable to mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelor's degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical master's degree and meet the CAC III requirements. A Registered Psychotherapist is a psychotherapist listed in the state's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.

A separate addendum to this disclosure, which identifies your therapist's degrees, credentials and licenses, will be provided to you.

You are entitled to receive information about your therapist's methods of therapy, techniques used, the duration of therapy (if known), and fee structure. You may seek a second opinion from another therapist or terminate this therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in section 12-43-218 of the Colorado revised statutes, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

You should know that Craig A. Knippenberg, LCSW, and/or _____ will provide your therapist with _____ supervision or _____ consultation. As such, information regarding your case will be available to him/her. Information regarding your case will also be provided to other staff members of Knippenberg, Patterson and Associates for administrative and/or clinical care coordination purposes.

Mailing:

2650 S. Eudora St. Denver, CO 80222
Voice Messaging: 303-756-4924
Fax: 303-758-3515

Clinical:

12325W. Bowles Ave. Littleton, CO 80127
2650 S. Eudora St. Denver, CO 80222
9094 E. Mineral Ave. #100, Centennial, CO 80112

www.craigknippenberg.com

You will be billed at the time services are rendered. Any balance not paid after thirty days will be assessed a service charge at the rate of 1.5% per month. In the event our billing efforts fail, we will send delinquent accounts to a collection agency, with instructions to follow their usual course of action. By signing this agreement you are agreeing to this procedure.

Sessions are generally 45 to 50 minutes, for individual/family sessions and 90 to 150 (in summer) minutes for group sessions. This time is reserved for you. Missed appointments with less than 24-hour notice will be charged at the therapy session rate.

Telephone calls will be returned as promptly as possible. If your call is an emergency, please state this when you are calling. Telephone consultations lasting more than 10 minutes will be charged at therapy session rate.

Our standard and customary fees are \$175.00 per individual/family session; \$85.00 per 90-minute group session; and \$125.00 per 150-minute group session. Fees for other services and out of office procedures may vary. I understand that the fee for my service is \$_____ per _____*

I/We will receive counseling beginning _____.

I understand that payment is due at the time of service unless other arrangements have been made.

SpecialArrangements: _____

Any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later. When the client is a child, the records will be retained for a period of seven years commencing either upon the last day of treatment or when the child reaches eighteen years of age, whichever comes later, but in no event shall records be kept for more than twelve years.

I have been informed of my therapist's degrees, credentials and licenses. I have also read the preceding information and I understand my rights as a client or as the client's responsible party. I agree that I am financially responsible for all services received. In the event I am seeking services for a child, I also hereby attest that I have the authority to consent for such services for said child.

Responsible Party (Printed Name) Date

Therapist

Responsible Party (Signature) Date

Credentials

Child's Name

Licensure

Address

Supervisor

Contact Numbers:

Home

Work

Cell

*Rates may periodically be subject to change

Craig A. Knippenberg, LCSW, M.Div., P.C.
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CREDENTIALS

Please indicate therapist & obtain appropriate signatures

___ **Craig A. Knippenberg, LCSW, M.Div.**

- Master's Degree in Clinical Social Work: University of Denver
- Master's Degree of Divinity with Focus in Pastoral Counseling: Iliff School of Theology
- Licensed Clinical Social Worker

___ **Lisa M. Patterson, MA, LPC**

- Master's Degree in Clinical Counseling: University of Colorado
- Master Teacher: Jefferson County Public Schools
- Licensed Professional Counselor

___ **Jimmy Langley, PsyD**

- Master's Degree in Clinical Psychology: University of Denver
- Doctorate in Clinical Psychology: University of Denver
- Licensed Psychologist

___ **Alec Baker, PsyD**

- Master's Degree in Clinical Psychology:
University of Denver
- Doctorate in Clinical Psychology: University of Denver
- Licensed Psychologist

___ **Ryan Long, MA, LPC**

- Master's Degree in Counseling:
University of Colorado Denver
- Licensed Professional Counselor
- Candidate for License in Marriage and Family Therapy

___ **Julie Miller, MA, LMFTC**

- Master's Degree in Couple and Family Therapy:
University of Colorado
- Candidate for License in Marriage and Family Therapy

___ **Rachel Moses, MA, LPC**

- Master's Degree in Counseling:
Colorado Christian University
- Licensed Professional Counselor

___ **Michelle De Nooy, LCSW**

- Master's Degree in Clinical Social Work:
University of Denver
- Licensed Clinical Social Worker

___ **Timothy Pasternak, PsyD**

- Masters Degree in Clinical Psychology:
University of Denver
- Doctorate in Clinical Psychology
University of Denver

___ **Angie Rothkamp, MA, LPC**

- Master's Degree in Counseling Psychology:
Loyola University, Chicago
- Licensed Professional Counselor

___ **Cindy Souser, LMFT**

- Master's Degree in Marriage and Family Therapy:
Argosy University
- Licensed Marriage and Family Therapist
- Licensed Teacher

___ **Mike Villarreal, MA, LPC**

- Master's Degree in Clinical Mental Health:
Adams State University
- Licensed Professional Counselor

Student Associate/Other Name: _____

Credentials & Current Status: _____

I have been informed of the degrees, credentials, and licenses of my therapist.

Client's Name (Please Print)

Client's Signature or Guardian's Signature

Date

Knippenberg, Patterson, Langley & Associates

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CRAIG A. KNIPPENBERG, LCSW, M.DIV., P.C.:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter “Document”) carefully before signing. A parent or guardian of all participants under 18 years of age (hereafter collectively “parent”) must sign this Document. In consideration for participant being permitted to participate in a field trip with Craig A. Knippenberg, LCSW, M.Div., P.C., and its officers, directors, members, employees, agents, therapists, and representatives (hereafter individually and collectively “Knippenberg”), I (parent of a minor participant) acknowledge and agree as follows:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

The activities the participant may experience as part of a Knippenberg field trip or office visit include, but may not be limited to: hiking; walking; camping; trampoline activities; indoor and outdoor rock climbing; bowling; dodgeball; go-kart riding; laser tag; amusement and water park rides; indoor and outdoor playgrounds; participating in a variety of games and group initiatives; and transportation in vans, cars, or other vehicles (collectively, “Activities”). **I acknowledge that the Activities have inherent and other risks, hazards, and dangers (collectively, “risks”) which can cause injury, damage, death or other loss to participant or others.**

I UNDERSTAND THAT THE RISKS INCLUDE, WITHOUT LIMITATION:

- 1. Outdoor conditions.** Weather, environmental, and surface conditions in an outdoor environment that are unpredictable and dangerous, including risks associated with travel on trails or routes that may not be groomed, maintained, controlled, or marked; lightning; high altitude conditions; falling or fallen timber; rockfall; steep or slippery terrain; electrical storms; mountain storms; flashfloods; snow; rain; hail; sleet; ice and extremely cold water; unstable or loose rock; wild or domestic animals; stinging, venomous and/or disease carrying animals, insects or microorganisms; and other natural and man-made hazards and dangers;
- 2. Personal health.** Participant’s mental, physical or emotional condition (including use or abuse of alcohol or drugs), disclosed or undisclosed, known or unknown, combined with participation in the Activities includes risks. Knippenberg cannot anticipate or eliminate risks or complications posed by participant’s mental, physical (including fitness level) or emotional condition;
- 3. Decision-making and conduct.** Risks associated with decision-making, judgments, and warnings are often based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to error. Among other things, these include the risk that the participant, a Knippenberg representative, or another person may misjudge an individual’s capabilities, health, or fitness level or first aid treatment or injury; improperly fit, secure, or remove equipment on a participant; provide faulty instruction or teaching techniques; be inattentive or distracted; fail to successfully assist a participant in an emergency situation; provide inaccurate information in a safety briefing or misjudge how best to react in certain circumstances;
- 4. Trampolines.** Risks include landing wrong or on another participant; failure of the trampoline surface, attachments, or padding; flipping, running, or bouncing off walls; entrapping a body part under the padding;

being struck in the face, head or elsewhere by a ball or other object; overexertion in jumping; and engaging in conduct that otherwise violates rules and/or policies;

5. **Climbing.** Climbing on an artificial wall or on natural rock includes risks such as the possibility of slipping and falling, rope burns, being impacted by a falling object or impacting a stationary object or the ground;
6. **Amusement and water park rides.** Risks associated with rides include steep drops, fast speeds, abrupt and unexpected twists and turns, mechanical problems, ride operator error, drowning, and the conduct of ride operators or other participants;
7. **Go-Karting.** Risks of go-karting include being hit by another vehicle, impacting stationary objects such as walls or gates, ejection from the go-kart, tipping over, the conduct of other participants, and exposed gas tanks and machinery;
8. **Playground.** Risks related to playground equipment including landing wrong; entanglement or entrapment; protrusions; steep drops; skin burns or injuries from slides and other attractions; colliding with other visitors or equipment; failure to follow rules and/or policies; slipping, tripping or falling a large distance; rope burns, pinches, jolts, splinters or swaying;
9. **Equipment or structures.** The risk that equipment or gear (e.g., auto-belays, flooring, padding, ropes, holds, helmets and harnesses) or structures (e.g., trampoline, climbing challenge, playground element), may be misused or may break, fail or malfunction. In addition, gear or equipment may not fit, or may become loose or undone. Safety gear may prevent or lessen injuries in some instances; however, use of such gear is not a guarantee of safety, and injury can occur even with its usage;
10. **Physical Activities.** Risks from participating in a physically exerting activity, including that a participant may overestimate his/her ability or fitness; be inattentive; lose control and trip or fall and/or collide with others; not control his/her speed; experience anxieties and fears associated with heights; and experience weakness or injury while, for example, engaging in repetitive arm and leg movements, bending, walking, riding, grabbing, twisting, pulling, lifting, running, jumping and climbing;
11. **Interactions with people.** Risks associated with interactions with, and reliance on, Knippenberg, other participants, or unknown third parties, including the careless or reckless behavior of other people; participant's or another participant's failure to follow rules and policies related to any Activities; collisions with children and other participants; the possibility of inadvertent touching or unwanted sexual advances; and personal disclosure and/or interaction with others;
12. **Facility and premises.** Risks in accessing and using facilities and premises where certain Activities may occur include frequent vehicle activity and traffic and/or drivers that may be careless or inattentive; ruts; curbs; stairs; slippery surfaces or other hazards; and poor indoor or outdoor lighting conditions;
13. **Dining.** Risks associated with eating and drinking during field trips or office visits include choking, allergic reactions, ingesting food or drinks that may be too hot, and developing food-borne illnesses;
14. **Geographic location risks.** During a camping trip, Activities may take place in remote locations, causing potential delays or difficulties in communication, transportation, evacuation and medical care;
15. **Transportation.** Risks associated with travelling in a vehicle including but not limited to, driver error; hazardous road conditions; weather conditions; vehicle equipment failure; motion sickness; or any other issue that may arise in a moving vehicle. I understand that all participants between the ages of 4 and 6 or less than 55 inches tall are required by law to ride in a booster seat, which I agree to provide to Knippenberg if applicable. While vehicles are typically driven by Knippenberg personnel or a participant's parents, I understand high school groups may utilize teen drivers with parent's prior approval;

16. **Free time risks.** Participants may have free and/or independent time before and after the start of the Activities and at various other times during the field trip or office visit. **During both supervised and unsupervised activities, all participants share in the responsibility for their own safety.**

These risks can result in participants: falling partway or to the ground or into the water; colliding with objects, people, or animals; experiencing vehicle collision, capsize or rollover; reacting to high altitudes, weather conditions or increased exertion; becoming lost or disoriented; and suffering gastro-intestinal complications or allergic reactions or other problems. These and other circumstances may cause dehydration; hyponatremia; heart or lung complications; broken bones; paralysis or other permanent disability; mental or emotional trauma; concussions; illnesses; infections; cuts or wounds; or other injury, damage, death or loss.

I (parent of a minor participant) acknowledge and agree:

- That participant will obey all rules, policies, and signage of all facilities and premises, and will watch and abide by all safety videos, training, and orientation provided;
- To disclose in writing any mental, physical or emotional conditions or limitations (including all known allergies) which may affect participant's ability to participate in any Activities or the field trips or office visit in general, and represent that participant is fully capable of participating without harming him/herself or others;
- To disclose in writing all dietary restrictions and instructions, and to provide all alternative food and snacks to Knippenberg to be provided to participant.
- **The information provided above is not complete, other unknown or unanticipated activities, risks, and outcomes may exist, and Knippenberg cannot assure participant's safety or eliminate any of these risks;** at all times, participants share in the responsibility for their own well-being.
- **The participant is voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for the inherent and other risks (known and unknown, described above or otherwise) of the Activities and for any injury, damage, death or other loss resulting from those risks, including the risk of my own negligence or other misconduct.**

Release and Indemnity Agreement

Please read carefully. This contains a surrender of certain legal rights. I (parent for myself and my participating minor child) agree as follows:

1) **To release and agree not to sue Knippenberg**, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively "claim" or "claim/s"), for any injury, damage, death or other loss in any way connected with my child's participation in the Activities. **I agree to waive all claim/s I or my child may have against Knippenberg, legally bind my/my child's estate and any family member, heir, or other party bringing claim/s and agree that neither I, my child, nor anyone acting on my or my child's behalf, will make a claim against Knippenberg as a result of any injury, damage, death or other loss suffered by me or my child;**

2) **To defend, hold harmless, and indemnify Knippenberg** ("indemnify" meaning protect by reimbursement or payment), with respect to any and all claim/s brought by or on behalf of me, my participating child, spouse or other family member/s, my/my participating child's heirs or estate, or a co-participant or any other person, for any injury, damage, death or other loss in any way connected with my child's participation in the Activities. This includes any and all claim/s which may be presented by a medical care provider, insurer, or other third party as a result of medical care provided to the participant before, during, or after the Activities, including transportation and evacuation costs.

This Document includes claim/s of or resulting from Knippenberg’s negligence (but not its gross negligence or willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency, medical, drug and/or health issues, response, assessment, or treatment), property damage, loss of consortium, breach of contract, or any other claim.

Other Provisions

I (parent for myself and on behalf of my participating minor child) acknowledge and agree:

Knippenberg reserves the right to dismiss the participant from any Activities, including from the field trip or office visit, if Knippenberg believes, in its sole discretion, the participant presents a safety concern or medical risk, is disruptive, violates any rules or policies, or otherwise conducts him or herself in a manner detrimental to Knippenberg or other participants. Conduct that can result in immediate dismissal include, but is not limited to, smoking tobacco products or marijuana and/or using illicit drugs or alcohol.

I authorize Knippenberg staff, or other medical personnel, to obtain or provide first aid or emergency medical care to participant; to transport participant to a medical facility, and/or to provide treatment they consider necessary for participant’s health in an emergency. I agree to permit Knippenberg to administer medication to participant that I specifically provide to Knippenberg (including, but not limited to, EpiPens and Benadryl) so long as I first train Knippenberg how to administer this medication and provide specific dosage information. I agree to the release (to or by Knippenberg) of any records necessary for treatment, referral, billing, or insurance purposes. I agree to pay all costs associated with such care and/or transportation, including medical and/or airlift evacuation and associated expenses. I understand that Knippenberg has no physicians or nurses who are trained in administering medication.

I agree that Colorado substantive law (without regard to its “conflict of laws” rules) exclusively governs this Document, any dispute I have with Knippenberg, and all other aspects of my relationship with Knippenberg, contractual or otherwise. I also agree that any legal proceeding must be filed only in the state court located in the City and County of Denver, Colorado, which will be the sole jurisdiction and venue for any legal proceeding relating to or arising out of the Activities, this Document or otherwise. Before filing a lawsuit, I agree to first attempt to settle any dispute (not settled by discussion) through mediation before a mutually acceptable Colorado mediator. **This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If a court or any other appropriate authority finds any portion of this Document to be invalid, all other portions of this Document will remain in full force and effect and binding upon the parties.** This Document is effective for all Activities from the date signed until a subsequent Acknowledgment and Assumption of Risks & Release and Indemnity Agreement is signed, and shall remain in full force and effect for all Activities completed by the Participant up until that point.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND LEGALLY BINDING UPON ME, MY SPOUSE, MY CHILDREN, AND OTHER FAMILY MEMBERS, HEIRS, EXECUTORS, REPRESENTATIVES, SUBROGEEES, ASSIGNS, AND ESTATE. My signature is valid and legally binding whether I choose to electronically sign, or sign a printable version of this Document.

Print Name of Minor Participant /Date /Birthdate

Parent/Guardian Signature /Date /Print name here

Craig A. Knippenberg, LCSW, M.Div., P.C.
Knippenberg, Patterson, Langley & Associates

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Group Policies

- Regular attendance is a must for success in group therapy. If your child is ill or unable to attend, call your group leader. Arriving for group on time also allows participants to receive the greatest benefit from group therapy.
- **Cancellations** should occur **24 hours in advance**. Group members will be allowed two (summer) / three (school year) cancellation absences from group with no charge. These absences are contingent upon 24 hour advanced notice given by the parents or guardians of the child. Unexcused absences or additional missed sessions will be charged at your regular session rate for the duration of the group. **Because it is not feasible to replace a child if the child withdraws from an ongoing group, it is understood once group has started, that the below signed parents or guardians will be responsible for payment of all sessions for the duration of the group, even if they withdraw the child from the group prior to its completion. That is, the parents or guardians will be required to pay up to 12 sessions (summer) and 22 sessions (school year), regardless of whether they are used by the child.** A nonrefundable deposit (\$125.00 summer) / (\$85.00 school year) is required to hold a reservation in the group. The deposit will be put toward regular group therapy charges. If individual or family evaluation sessions are not cancelled **24 hours prior to the scheduled appointment**, a regular session fee will be charged for the rescheduled appointment.
- Group leaders have therapeutic commitments following group sessions, so it is important that you pick up your child on time. However, if an emergency occurs please contact your group leader on their individual pager as instructed on the main office number 303-756-4924.
- Group fees are billed each session. If a problem arises with fee payment, please contact your group leader and the offices of Knippenberg, Patterson, Langley & Associates.
- Since many of the group activities involve play and eating, please let your group leader know if your child has any medical restrictions or allergies. Please also indicate if your child is allergic to any medications in case an emergency arises. It is important that your group facilitator knows your child and his/her needs.
- Please make sure your child is dressed appropriately for activities that may occur in group. Your group leader will indicate activities requiring specific attire.
- Occasionally, group field trips require a change in regularly scheduled group time. These field trips times and/or any additional charges will be identified through letters sent home with your child. If a scheduling error appears to have occurred and you arrive and there are no group leaders present, please stay with your child and call your group leader on their individual pager as instructed on the main office number 303-756-4924.
- Parent contact and coordinated care is important for success in the group. If you have questions about the group, your child's goals or the therapy provided in group, please ask or call your designated group leader. Communication is a must for success in the program.
- Two parent feedback sessions will be offered at no charge during the course of group therapy. This does not apply, however, to the high school age and young adult groups.
- Please help to encourage growth in your child at group and at home. An enthusiastic attitude will help your child get the most out of group therapy. Parents are encouraged to contact one another and receive support from each other outside of the group, as well.

Client's Name (Printed)

Client's Name (Signature)

Parent/Guardian Signature

Therapist Date

Client's Phone Number(s)

Therapist Phone Number(s)

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services rendered through this practice. Charges for services rendered will be deducted from the card designated below at the time services are rendered. We accept: Visa, MC and Discover.

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____ City _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____ SSN: _____

Email: _____

Billing Information:

Please indicate the information associated with the debit card you wish to use. I prefer to use a credit card.

Name: _____

Address: _____ City _____ State: _____ Zip: _____

Email: _____

I authorize all service fees to be deducted from the card ending in _____ (last four digits of the card)

Please enter the CVV code _____ (last three digits on back of card)

I authorize the use of this card for all services and fees at the time they are rendered for the following parties:

Full Name(s) _____

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

Cardholder Signature

Date

Payments are processed by Therapy Partner.
Therapy Partner is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA National Association, Buffalo, NY.

Debit Card Information: I prefer to use a credit card.

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one): Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Craig A. Knippenberg, LCSW, M.Div., P.C.
Knippenberg, Patterson, Langley & Associates

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AUTHORIZATION TO RELEASE/RETRIEVE MENTAL HEALTH INFORMATION

I hereby consent to Craig A. Knippenberg, LCSW, M.Div., P.C. & Knippenberg, Patterson, Langley & Associates, including the therapist listed below, to Release information to the following parties. This includes written and verbal transfer of history, mental health, and treatment information, for the purposes of consultation and coordination with relevant professionals.

These Individuals Are As Follows:

Name Address Phone Number

I hereby consent to Craig A. Knippenberg, LCSW, M.Div., P.C. & Knippenberg, Patterson, Langley & Associates, including the therapist listed below, to Retrieve information from the following parties. This includes written and verbal transfer of history, mental health, and treatment information, for the purposes of consultation and coordination with relevant professionals.

These Individuals Are As Follows:

Name Address Phone Number

AUTHORIZATION: I certify that this release has been made voluntarily. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it.

THIS authorization should be valid for:

_____ 12 Months from the date of my signature;

_____ Months from the date of my signature ; Or

_____ Until thirty (30) days after the termination of treatment with Craig A. Knippenberg, LCSW, M.Div., P.C. (& Knippenberg, Patterson, Langley & Associates), including the therapist listed below.

A facsimile or copy of this release shall be treated as an original.

Client's Name (please print)

Date

Client/Parent/Guardian Signature

Relationship to Client

Therapist's Signature & Credentials