St. Joseph's Children's Home
P.O. Box 1117, Torrington, WY 82240
(307) 532-4197

OUTPATIENT ADMISSION APPLICATION

CONSENT AND AUTHORIZATION FOR TREATMENT:

I/We _____ do hereby authorize St. Joseph's Children's Home to provide assessment
(Legal Guardian)
and/or treatment for _____, DOB_____, through counseling and therapeutic methodologies as deemed necessary for psychiatric, psychological, emotional, and behavioral issues.
Signature_____ Legal Guardian _____ Date:_____.
Signature_____ Legal Guardian_____ Date:_____.

Under the Health Insurance Portability & Accountability Act of 1996 (HIPPA) you have certain rights to privacy regarding your child's protected health information and confidentiality of any treatment given to him/her at St. Joseph's Children's Home.

Identifying Information:
Please Print
Client:_____ DOB:___/___/___ SSN___-___-____
Sex: M or F Referred by:_____

Insurance Information: **Medicaid #** _____

Insurance Co:_____ Name of Insured_____
SSN of Insured_____ DOB_____
Insurance address:_____ Phone # _____
Policy #_____ Group # _____
Place of Employment_____ Phone # of Employer_____

Parental Information and Emergency Contact:
Please Print

Father: _____
Address:_____
City/State/Zip _____
Phone &/or Cell_____
E-mail Address:_____

Mother:_____
Address:_____
City/State/Zip_____
Phone &/or Cell_____
E-Mail Address:_____

Responsible Payment Source:
If you have Private Insurance or Medicare, those insurance companies must be billed first. Medicaid will only pay after all other insurance has been billed and paid their portion. Except as provided by 42 U.S.C. 1396d(b) and Title V of the Social Security Act. *When services are covered by EqualityCare and another source, any payment you receive from the other source must be turned over to EqualityCare.* Fee for services is based on $200.00 per hour. I understand by signing below, I am financially responsible for all charges including but not limited to Co pays and annual deductibles.

_____
Signature of Financially Responsible Party for this account

Upon completion of documents please email to jgaul@stjoseph-ray.org or fax to 307-532-8405.