



**CLIENT REGISTRATION**

Client Name: \_\_\_\_\_  
Last First Middle Initial Spouse -  
First name Middle Initial  
Address: \_\_\_\_\_  
Street City State Zip  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Ext.  
E-Mail \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ Sex: M F Martial Status: S M D W  
Student/School \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

If dependent child, custodial parents are: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Other \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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**FINANCIALLY RESPONSIBLE PARTY (GUARANTOR INFORMATION) If same as client, please skip this section**

Guarantor Name: \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle Initial  
Guarantor Address: \_\_\_\_\_  
City State  
Zip  
Guarantor Relationship to Client (Circle One): Spouse Mother Father Sibling Other Relative Friend Other  
Home Phone ( ) \_\_\_\_\_ SS# \_\_\_\_\_ E-Mail \_\_\_\_\_

Guarantor's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**SPECIAL ARRANGEMENTS**

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DO YOU HAVE INSURANCE? YES \_\_\_\_ NO \_\_\_\_ (IF YES, PLEASE COMPLETE BELOW)

**Primary** Insurance Co. Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Client: Self Spouse Parent Other

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_ SS# \_\_\_\_\_ Group Name or # \_\_\_\_\_

**Secondary** Insurance Co. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Relationship to Client: Self Spouse Parent Other

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Birthdate: \_\_\_\_\_ ID# \_\_\_\_\_ SS# \_\_\_\_\_ Group Name or # \_\_\_\_\_

ASSIGNMENT OF BENEFITS: I hereby authorize and request my insurance to pay directly to ACC the amount due for services rendered to my dependent or me.

RELEASE OF INFORMATION: I authorize the release of any medical, mental health, or substance abuse information necessary to process insurance claims for services rendered to my dependent or me. This consent is subject to revocation at any time, except where action has already been taken on the basis of this release. Unless revoked earlier, this release will be null and void six months after the final payment has been received on my account. This consent is subject to state and federal confidentiality requirements.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

INSURED

CLIENT/GUARDIAN

GUARANTOR AGREEMENT: I certify that the above information is true and correct. I agree to take full responsibility for the entire amount due for any and all services rendered by ACC. If the provider is contracted with the insurance company, I will be responsible only for the co-pay, deductible, and non-covered services as determined by the insurance plan:

\_\_\_\_\_  
\_\_\_\_\_  
Guarantor Signature (Client signature if client is guarantor).

Date

CLIENT RELEASE OF INFORMATION TO GUARANTOR/THIRD PARTY AGENCY: I authorize ACC to release my financial information to my guarantor or a third party collection agency (in the case that further collection assistance is required). I do \_\_\_\_\_ do not \_\_\_\_\_ want a copy of this release.

\_\_\_\_\_  
\_\_\_\_\_  
Client/Parent/Guardian Signature

Date

\*\*\* Currently I do not accept insurance. The fees for services are \$125 per 50-minute session. I anticipate carrying insurance for TennCare, Humana, BCBS, Aetna, and Cigna within 3 months.