



## **‘New Patient Forms’ Checklist**

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***\*For chart:***

- Treatment Consent
  
- Patient Information
  
- Acknowledgement of Receipt for ‘HIPAA Notice of Privacy Practices’
  
- Consent & Authorization to Use, Disclose, and Receive Mental Health Information
  
- Insurance Information
  
- Credit Card Authorization

***\*For patient to keep:***

- HIPAA Notice of Privacy Practices