

**Sheila Sturgeon Freitas, Ph.D.**

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**REGISTRATION INFORMATION**

**Please Print Clearly**

Date \_\_\_\_\_

Client's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_F \_\_\_M

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Name of Spouse/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of second Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If a minor client, what is the custody status (physical and legal)? \_\_\_\_\_

Are all legal guardians aware you are seeking treatment for the minor? \_\_\_\_\_

**Emergency Information**

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Psychiatrist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

**Employment Information** (If client is a child, use parent's employment)

Client/Guardian: Place \_\_\_\_\_ Phone \_\_\_\_\_

Spouse: Place \_\_\_\_\_ Phone \_\_\_\_\_

**School Information:**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Grade or Level \_\_\_\_\_

Have you previously received psychological, education or neurological testing or therapy services? \_\_\_Yes \_\_\_No

Name of practitioner, date and results: \_\_\_\_\_

**Insurance Information**

Primary Insurance \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Contract/ID# \_\_\_\_\_  
Group/Acct# \_\_\_\_\_  
Subscriber \_\_\_\_\_  
DOD# (TRICARE) \_\_\_\_\_  
Subscriber Date of Birth \_\_\_\_\_  
Client's relationship to Subscriber  
\_\_Self \_\_Spouse \_\_Child \_\_Other \_\_\_\_\_

Secondary Insurance \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Contract/ID# \_\_\_\_\_  
Group/Acct# \_\_\_\_\_  
Subscriber \_\_\_\_\_  
  
Subscriber Date of Birth \_\_\_\_\_  
Client's relationship to Subscriber  
\_\_Self \_\_Spouse \_\_Child \_\_Other \_\_\_\_\_

**Referral Source**

How did you hear of my practice (or from whom)? \_\_\_\_\_  
Relationship to referral source \_\_\_\_\_

I am aware that payment/copayment is expected at the time of services and agree to this.

Signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**Release of Information and Authorization to Third Party**

I (we), \_\_\_\_\_, authorize Dr. Sheila Sturgeon Freitas to disclose case records (diagnosis, case notes, psychological reports, testing results, or other requested material) to our third-party payer or insurance company for the purpose of processing this claim. I hereby assign benefits otherwise payable to me, to Dr. Sturgeon Freitas. I understand that I am financially responsible for any balance not covered by my insurance carrier.

I (we) understand that access to this information will be limited to determining insurance benefits, and will be accessible only to persons whose employment is to determine payments and/or insurance benefits. I (we) understand that I (we) may revoke this consent at any time by providing written notice. I (we) have been informed what information will be given, its purpose, and who will receive it. I (we) certify that I (we) have read and agree to the conditions and are permitted a copy of this form. A copy of this signature is also valid as the original.

Person(s) responsible for account: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client or guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

As a psychologist, Dr. Sturgeon Freitas follows professional standards that require her to keep patient information confidential. In addition to these standards, she is also subject to the federal government's HIPAA laws. Among other things, these laws require that any protected health information she sends over a public network (like the Internet) be encrypted so it cannot be read in transit by third parties. Any information revealed in confidence as part of a session with Dr. Sturgeon Freitas is covered by these rules in addition to her professional obligation to ensure confidentiality.

E-mail exchanges are generally not encrypted by default. Third parties, like Internet service providers and free e-mail hosting companies (e.g. Yahoo!, Google, Hotmail, etc.), can *and do* read e-mails in transit routinely. Mostly what this means is that machines scan users' e-mails looking for keywords, and the results of these scans are used for targeting advertising at the users of the e-mail accounts. There are, however, no guarantees that human beings aren't reading e-mails for other purposes, and even targeted advertising can inadvertently imply confidential information.

Dr. Sturgeon Freitas offers a way to email using encryption that complies with federal regulations. The instructions for using encryption are located on her website at [www.drsturgeonfreitas.com](http://www.drsturgeonfreitas.com).

Should you choose to use less secure means to communicate (i.e. unencrypted email, text messages, etc.), you acknowledge that by doing so, you recognize and accept full responsibility for any potential leakage of information from that exchange. Dr. Sturgeon Freitas cannot guarantee that any information in such an exchange, including confidential health information, will be secure from any third party.

**Information Release Authorization**

I, \_\_\_\_\_, authorize Dr. Sturgeon Freitas to exchange confidential information with me through the mechanisms described below. I acknowledge this authorization is at my own request, not Dr. Sturgeon Freitas', and that I have been informed of the risks of disclosure of information to unanticipated third parties. Should any information from these exchanges be used by a third party in an unexpected way, I will not hold Dr. Sturgeon Freitas responsible as she disclosed all potential risks and informed me how to communicate confidentially with her through other means.

Means of communication	Email/Phone #	Client's initials	Dr. Sturgeon Freitas' initials
Encrypted email			
Unencrypted email			
Texting			
Voice messages	Cell    Home    Work Whom:		
Other			

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to client: \_\_\_\_\_