

**Welcome to the office of
Victor E. Loos, Ph.D.**

Please review/fill out the pages below, as follows:

- Notice of Privacy Policy (tri-fold brochure)
Yours to review/keep.

- Client Information (pgs 1&2)
Fill out as much as you can.

- Insurance Information (pg 3)
Fill out the top part and sign the bottom
(If you've already given us your insurance information you can skip to the
bottom and sign.)

- Office Policies (pg 4)
Please sign and date.

- Acknowledgement of Receipt
Please sign and date.

COUPLE INFORMATION

Wife/Girlfriend's Name: _____
Date of Birth: _____ Social Security# _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone numbers: Home: _____ Cell: _____
Work: _____ May I contact you at work? _____
e-mail: _____ May I contact you via e-mail? _____
Preferred form of communication: Home ph _____ work ph _____ Cell _____ E-mail _____

Husband/Boyfriend's Name: _____
Date of Birth: _____ Social Security# _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone numbers: Home: _____ Cell: _____
Work: _____ May I contact you at work? _____
e-mail: _____ May I contact you via e-mail? _____
Preferred form of communication: Home ph _____ work ph _____ Cell _____ E-mail _____

HOUSEHOLD FAMILY MEMBERS

Name	Relationship	Birth date	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Whom may we thank for referring you? _____

Please briefly describe your reason for seeking consultation: _____

Personal Health

Are you currently on medication? () Yes () No

Do you presently have any physical health problems? () Yes () No

Have you seen a mental health professional before? - if so, please provide any brief comments you think might be

Helpful. _____

For office use only Date: ____ DX. ____ Therapist: ____ CYS: ____

INSURANCE INFORMATION

If you believe insurance and/or Crime Victim's Assistance may cover a portion of your visits here, please complete the following information:

Name of Patient: _____

Name of Insured: _____ D.O.B. _____ SS# _____

Address: _____

City: _____ State _____ Zip Code _____

Phone numbers: Home _____ Work _____

Relationship to Patient: _____

Employer's Name: _____

Phone: _____

Insurance Company _____

Phone _____

Group# _____ *Policy#* _____ *ID#* _____

AUTHORIZATION TO ASSIGN BENEFITS
AND TO RELEASE INFORMATION

I hereby authorize Victor E. Loos, PhD. To bill my insurance company and authorize payment of psychological and supplemental benefits to the above; and to release information to the insurance company with respect to claims with Dr. Victor E. Loos.

I agree to accept full responsibility for all charges incurred by me and agree to pay for all charges not covered by insurance.

Signature of Patient / Parent / Guardian

Date

Witness

Date

CENTER FOR FAMILY CONSULTATION

Victor E Loos, PhD., Director

2524 Nottingham Houston, TX 77005-1412

Phone (713) 526-4751 Fax (713) 5264342

Office Policies

PLEASE NOTE:

1. Please cancel appointments 24 hours in advance to avoid payment, except in case of emergency.
2. I will help you with insurance forms, but the responsibility for payment lies with the client, who may be reimbursed by the insurance company.
3. Payment is requested at the time of each visit.
4. Confidentiality to you is assured within the constraints of the law.
5. Phone messages will simply state "office of Victor Loos" with no reference to doctor's office or psychology sessions.
6. E-mail messages will be brief and seldom contain information about clinical material.

For white listing e-mails to avoid spam filters may come from vloos@cffc-online.com or office@cffc-online.com

Client's signature

Date

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Victor E Loos, PhD., Director

2524 Nottingham Houston, TX 77005-1412

Phone (713) 526-4751 Fax (713) 5264342

ACKNOWLEDGEMENT OF RECEIPT

HIPAA "Notice of Privacy Policy"

This is to verify that I have been given a copy of the *Notice of Privacy Policy* for the office of *Victor Loos, PhD.* I understand that, after reviewing it, I may ask for any clarification I might need. OK.

Patient/Guardian Signature

Date