



Serenity Coaching and Counseling LLC

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Initial Contact Form

Required Info for first contact: Name, Contact, Insurance, and/or Release of Info

*Name:		DOB:	
How did you hear about us? Referral Source/Parent/Guardian?			
*Phone Number:		Preferred form of contact: Phone: ____ E-mail: ____	
E-mail :			
Address:			
*Requesting to use Insurance? (type/#)			
Preference for in-person or virtual?		Preference: Day of Week? Time of Day?	
Reason for Referral:			
Anything else that would help us find a good fit?			

A written authorization must be used for every use or disclosure of PHI not required or permitted by the HIPAA Privacy Rule 45 CFR §164.508 which details the uses and disclosures of PHI that requires an authorization to be obtained from a client before information can be shared and used for first contact to be made to the client.