

Pyrysys Psychology Group, Inc.

8950 Villa La Jolla Drive, Suite B214

La Jolla, CA 92037

Initial Clinician: _____

Client Name: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____

Zip: _____ E-mail address: _____ Cell Phone/Pager: _____

Date of Birth: _____ SS#: _____ / _____ / _____ Driver's License #: _____

Employer Name (Client or, if client is a minor, guardian's employer): _____

Employer Phone: _____ Employer Address: _____

Spouse Employer: _____ Spouse Phone: _____

Spouse Address: _____

In Case of Emergency, Notify: _____ Relationship to you: _____

Phone: _____ Address: _____

May we add your email address to our mailing list (3-6 emailings per year)? Yes No

Who may we thank for referring you? _____ Phone: _____

Email communication is not secure. We recommend you not email us with sensitive information. Individuals providers may elect not to communicate by email.

I, the undersigned, accept full financial responsibility for the cost of all services rendered to the client and attest that the information given is true and correct. I agree to pay a service charge of 0.833% per month (10% per year but not to exceed the maximum rate by law, plus a \$5.00 rebilling charge) to be added to all charges not paid within 30 days from the date of service. I shall pay Pyrysys Psychology Group, Inc. on demand all costs including reasonable attorney fees and collection costs incurred in collecting payment due for services performed under this agreement. I understand that regardless of what any insurance company or other third party may reimburse, I am ultimately responsible for this bill. I agree to pay a \$25 service charge for all checks returned unpaid by my bank. **I UNDERSTAND THAT 48 HOURS NOTICE FOR AN APPOINTMENT CANCELLATION IS REQUIRED OR I WILL BE BILLED AT REGULAR RATE FOR THAT TIME.** If client is a minor, I will be financially responsible for this bill and I give consent for treatment.

Any dispute as to malpractice will be determined by submission to arbitration as provided by California law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration. Agreeing to arbitrate all disputes that are connected with this treatment is not necessary in order to be treated. If the client or the undersigned does not want to agree to arbitration, he/she should initial here _____ now or send a written notice within 30 days from today saying that he/she no longer agrees to arbitration.

Person accepting full financial responsibility for client's account per above agreement:

(Print name)

(Signature)

Billing Address: _____

Social Security #: _____ Date: _____

Please help us protect your privacy by checking the appropriate boxes:

- | | | |
|-----------------------------|---------------------------------|--|
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages on my HOME answering machine. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages with any other person. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages on my WORK voice mail. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages with co-workers. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages on my CELL PHONE voice mail. |
| <input type="checkbox"/> Do | <input type="checkbox"/> Do not | leave messages with any other person answering cell phone. |