

Doreen A. Zaborac & Associates, Inc.

Zaborac Counseling Group
17255 Oak Park Avenue
Tinley Park, IL 60477
708.633.4533

Client Name (Print): _____ Date: _____

Parent/Guardian Name (Print): _____ Relationship: _____

Please indicate whether you understand and agree to the information and terms provided in each of the following forms:

OFFICE POLICIES

- I have read and understand the Office Policies, and I agree to the terms listed within the Office Policies Form (2023).

Client Signature: _____ Parent/Guardian: _____

INFORMED CONSENT

- I have read and understand the Informed Consent Form (2023), and I agree to participate in treatment at Doreen A. Zaborac & Associates, Inc.

Client Signature: _____ Parent/Guardian: _____

HIPAA & PRIVACY LAWS

- I have read and understand HIPAA and Privacy Laws Form (2023), and I am aware of my rights to confidentiality and the limits to my rights of confidentiality.

Client Signature: _____ Parent/Guardian: _____

TECHNOLOGY INFORMED CONSENT

- I have read and understand the Technology Informed Consent (2023), and I agree to utilize electronic means to communicate and to transmit my Protected Health Information.

OR

- I DO NOT agree to electronic means to communicate, and I do NOT want my Protected Health Information transmitted electronically.

AND

- I have read and understand the Technology Informed Consent in regards to Telehealth, and I agree to participate in treatment.

OR

- I do NOT agree to participate in Telehealth.

Client Signature: _____ Parent/Guardian: _____

- By signing below, I am agreeing that the information that I have provided on the intake forms regarding my insurance and personal information is accurate and true to the best of my knowledge and that I have the legal right to share the information.

Client Signature: _____ Parent/Guardian: _____