

# Paperwork to Complete for New Child & Adolescent Clients:

For the best Patient Portal experience, use Google Chrome on a computer. The Patient Portal is **not** accessible via smartphone for the purposes of completing the registration forms.

## 1. Adolescent Initial Paperwork / Adolescent DBT Initial Paperwork

- Please read this form in its entirety, and type your initials in each space that states, *I have read, understand, and agree to the terms of the [section] (Please Initial)*.
- Then **ALL** parents, legal guardians, or legal representatives should enter their name, relationship to client and signature at the bottom of the form.
  - If you as a parent, legal guardian, or legal representative have sole legal custody of the child/adolescent, MCP requires documentation of legal custody.

## 2. Insurance/Payment Information (FRP)

- Please enter the client's information under the *Patient Information* section.
- Please enter the client's insurance information under the *Primary Insurance* section. If you have secondary insurance that can be entered under the *Secondary Insurance* section, otherwise this section can be left blank.
- Please read the paragraph under the *Assignment and Release* section, and then enter your, the financially responsible party's full name, your relationship to the client, your phone number and address, then sign in the *Signature* box.

## 3. Notice of Privacy Practices

- Please read this form in its entirety, the *Client Signature* section can be left blank, but the guardian or legal representative should enter their name, relationship to client and signature at the bottom of the form.

#### 4. Release of Information (PCP – Required)

Please complete this form for a primary care provider that you want MCP to be able to communicate with, and then enter what information can be exchanged with this individual/agency. If you have any questions about how releases of information are used at MCP, please talk to your therapist.

- Please check the appropriate box under the *In an effort to provide collaborative services with your Primary Care Provider, we request consent to use and disclose information with your current Primary Care Provider* section.
  - (If you do not have a primary care doctor/you do not want MCP to be able to communicate with your primary care doctor please select that you do not agree to allow communication on the Release of Information (PCP), and the rest of the form can be filled out by entering "N/A" into the required spaces.)
- Under the *To release information to and receive information from:* section, please enter your Primary Care Doctor's information.
- In the *Information which may be released includes:* section, please check the box(es) to indicate what information MCP can discuss with this individual/practice.
- In the *All records pertaining to psychiatric/mental health, chemical dependency, and/or HIV/AIDS will be released unless indicated here:* section, you can indicate if you do not want MCP to share this information with this individual/practice (this section is optional).
- In the *This information may be released for the purposes of:* section, please check the box(es) to indicate when MCP may exchange this information with this individual/practice.
- In the *Date span of information to be released:* section, please select *ALL* to indicate that records from all date may be released, or *Other* to specify a date range of records that you would like to be released
  - For example, if you only want your records from June 2020 to be released, you would select other and then enter June 2020 in the space).
- Please read the *Revocation Clause*.
- The *Client Signature* section can be left blank, but the guardian or legal representative should enter their name, relationship to client and signature at the bottom of the form.

**5. Self-Report Form (Child/Adolescent) / Young Child Parent Report Form (Age 6 or younger)**

- Please complete this form in its entirety.
- If the form was completed by a Parent/Guardian, the *Patient Signature* section can be left blank, but the guardian or legal representative should sign at the bottom of the form in the *Guardian/Legal Representative Signature:* box.
- If the form was completed by the patient (for Adolescents only), the Patient Signature box should be signed by the adolescent. The *Guardian/Legal Representative Signature* box can be signed or left blank, depending on preference.

**6. Informed Consent – Provider Name** (if applicable – some therapists do not have one)

- Please read this form and enter any necessary information, the *Client Signature* section can be left blank, but **ALL** parents, legal guardians, or legal representatives should enter their name, relationship to client and signature at the bottom of the form.

**7. Informed Consent – Provider Name (Telehealth) / Telemedicine Informed Consent**

- Please read this form and enter any necessary information, the *Client Signature* section can be left blank, but **ALL** parents, legal guardians, or legal representatives should enter their name, relationship to client and signature at the bottom of the form.

# How to sign a form/document

You can electronically fill out, sign, and send documents to MCP.

- To sign a document, click the pencil icon and you will be able to create an electronic signature.

Client Signature:

\*



- You can either manually sign here:



The image shows a 'Signature' dialog box with a green header and a close button. It contains two tabs: 'Manual' (highlighted with a red circle) and 'Type'. Below the tabs is a large empty rectangular area for the signature. At the bottom, there are three buttons: 'Accept', 'Browse', and 'Clear'.

- Or you can type your signature here:

Signature ✕

Manual **Type**

Type Your Name

Vladimir Script ▼

Aa Aa Aa

Accept Clear

- Clicking *Accept* will add your signature to the document