

SHERIDAN L. KOPLOW, ED.D.

LICENSED PSYCHOLOGIST #FL PY6678

1200 Corporate Center Way, Suite 104 ♦ Wellington, FL 33414 ♦ 561-784-7767

CLIENT INFORMATION FORM

Today's Date _____

Client's Name _____

Address _____

Telephone (best number to reach) _____

May I leave a voice or text message? Yes ___ No ___ Email Address _____

Date of Birth _____ Age _____ Gender: Male ___ Female ___

Occupation _____ Employer _____

Marital Status _____ Spouse/Partner's Name _____

Names and Ages of any Children _____

Race/Ethnic Background _____

Number of Sisters _____ Brothers _____ Half-step siblings _____

Primary Care Physician _____

Medications _____

What is the main reason for today's visit? _____

How were you referred to my practice? _____

Sheridan L. Koplow, Ed.D., P.A.
Licensed Psychologist, #PY6678
1200 Corporate Center Way, Suite 104,
Wellington, Florida 33414
Phone: 561-784-7767

AUTHORIZATION FOR TREATMENT

I, _____, an applicant for services with Dr. Sheridan Koplow, or

I, _____, the representative or guardian of the above named applicant for services with Dr. Sheridan Koplow

- 1. Authorize Sheridan L. Koplow, Ed.D. to administer treatment and certify that no guarantee or assurance has been made as to the results that may be obtained.**

- 2. Authorize the release of information from the above named applicant service record to any insurer (that is being used) who may be providing financial assistance for services.**

- 3. Authorize payment directly to Dr. Sheridan Koplow for any payment of benefits driven from my medical claim.**

- 4. Certify that information provided is correct to the best of my knowledge.**

- 5. Understand that I will be responsible for all charges for my treatment. If using insurance, if my carrier does not pay for services rendered, I agree to pay for such services. I understand that there may be a charge should I fail to show up for an appointment without giving notification.**

- 6. Certify that I have read, understand and agree to the above information.**

Date_____ Client (or Guardian) Signature_____

Sheridan L. Koplow, Ed.D., P.A.
Licensed Psychologist, #PY6678
1200 Corporate Center Way, Suite 104,
Wellington, Florida 33414
Phone: 561-784-7767

**ACKNOWLEDGEMENT OF RECEIPTS OF HIPAA NOTICE OF
PRIVACY PRACTICES**

***You may refuse to sign this acknowledgement**

**I HEREBY ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE
OPPORTUNITY TO REVIEW A COPY OF THIS PRIVACY NOTICE
(AVAILABLE IN OFFICE)**

Signature

Printed Name

Date

FOR OFFICE USE ONLY

**WE ATTEMPTED TO OBTAIN WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF
OUR NOTICE OF PRIVACY PRACTICES, BUT THIS COULD NOT BE OBTAINED
BECAUSE:**

_____ The individual refused to sign

_____ Communication barriers prohibited obtaining acknowledgment

**CREDIT CARD PRE-AUTHORIZATION
FOR PAYMENT WITH
VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS**

I authorize Sheridan Koplow, Ed.D, P.A., Psychologist to keep my signature on file and to charge my Visa, Mastercard, Discover, or American Express account for payment of professional services rendered. Charges will be made in accordance with my client agreement or as services are rendered and as discussed with Dr. Koplow. If I choose to discontinue payment by this credit/debit card I can do so at any time and will notify Dr. Koplow.

Client Name

Card Holders's Name

Card Holders Billing Address

City State Zip Code Phone (Best to contact)

Account Number

_____ Visa _____ Mastercard _____ American Express _____ Discover

Expiration Date

Verification Code

X _____
Card Holder's Signature

Date

SHERIDAN L. KOPLOW, ED.D.

LICENSED PSYCHOLOGIST #FL PY6678

1200 Corporate Center Way, Suite 104 ♦ Wellington, FL 33414 ♦ 561-784-7767

Directions to Dr. Koplow's Office

My office is conveniently located in Wellington Corporate Center at 1200 Corporate Center Way, Suite 104, Wellington, Florida 33414. The 2-story building is located on Wellington Trace next to the Publix shopping center (Courtyard Shops, on the corner of Wellington Trace and Greenview Shores Blvd). There is ample parking in front of, along side of, and behind the building.

If your appointment is scheduled during the week after 6 pm or on the weekend, please text me (561-676-8228) when you arrive and I will let you in (as the doors may be locked).

Once you arrive in the suite, please have a seat and I will come out and greet you as soon as I am available.

I look forward to meeting you!