



1400 Woodloch Forest Drive, Suite 575, The Woodlands, TX 77380
281-528-1523

Patient Information Update

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email _____

Emergency Contact _____ Relationship _____ Phone # _____

Communications Consent

I, _____, give written consent to the clinicians and staff of LifeSpring Behavioral Health to collaborate as it pertains to my confidential medical and mental health care, including any substance use disorders, to ensure my comprehensive care. I also give consent to discuss such information to the following people:

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|-------------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

We have a 24 business-hour cancellation policy, so please reschedule or cancel any appointments at least 24 business hours in advance to avoid a missed appointment fee. If you do miss an appointment, your credit card on file will be billed 50% - 100% of the appointment fee, depending on the circumstances for the no-show/late cancellation.

I understand that this will remain in place until revoked in writing.

Signature