



Green Leaf Psychologist Services, Inc.

Registration form for:

Focus and Flourish with ADHD

Helping Young Adults with ADHD Build Skills, Confidence, and Focus

Name: _____

Age: _____

Gender: _____

Birthdate: _____

When were you diagnosed with ADHD? _____

What type of ADHD were you diagnosed with?

Primarily Inattentive Presentation

Primarily Hyperactive/Impulsive Presentation

Combined Inattentive and Hyperactive/Impulsive Presentation

Name of diagnosing Clinician: _____

Please feel free to describe which ADHD-related symptoms you struggle with the most, how it affects your life, and what ideally you hope to gain from this session

Program Policies

Fees

The fee for this program is \$200.

Payment can be made via credit card, debit, or cash.

Payment is due at the end of the program.

Session Duration

This service is a one session that takes approximately 60-minutes to complete. However, given that it is a group program, the program may take slightly more or less time.

Cancelling or Rescheduling

Please e-mail GreenLeafPsyc@outlook.com at least 24 hours in advance of your scheduled session. If prior notification is not given for the missed session, the client is charged with the full session (\$200).

Reminders

You will receive an email reminder one or two days before your appointment.

Consent and Confidentiality Information

The information obtained on this registration and during the programming session is confidential and will not be release unless written consent is provided. However, it is important to remember that this is a group session involving others who may learn the name/diagnosis or other information fellow group members choose to reveal. Green Leaf Psychological Services cannot control what participants of the program may do with this information. Additionally, there are other situations which we may need to release of discuss information related to your file. These situations are:

1. If the psychologist determines that there is a serious risk of harm to another individual.
2. If there is reason to believe that a child or another vulnerable individual is being abused.
3. If we are required by law to release information that was provided during programming (e.g., due to a legal subpoena).
4. If your insurance company requires us to verify your contact with our service in order to be re-imbursed.
5. For non-payment of outstanding invoices.

I agree to the above conditions and policies and consent to participate in the *Focus and Flourish with ADHD* at Green Leaf Psychological Services, Inc.

SIGNATURE: _____
(client)

DATE: _____

SIGNATURE: _____
(psychologist)

DATE: _____