# **Enrollment Forms and Status (Mark X for complelted or n/a for not applicable).**

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|  | Standard Enrollment Forms |
|  | [**Permission to Treat**](https://www.transformationsllc.net/permission-to-treat/) |
|  | [**Client Information**](https://www.transformationsllc.net/client-information/) |
|  | [**Bio-psychosocial**](https://www.transformationsllc.net/resources/initial-assessment/) |
|  | [**Treatment Plan**](https://www.transformationsllc.net/wp-content/uploads/2021/11/Treatment-Plan-11-29-2021-1.docx) |
|  | [**Treatment Plan Signature Page**](https://www.transformationsllc.net/treatment-plan-agreement/) |
|  | [**Authorization to Share Information with Primary Care Physician**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**PCP Collaborative Care**](https://www.transformationsllc.net/collaboration-of-care-between-behavioral-health-providers-and-prescribers/) |
|  | Required for Medicaid Clients |
|  | [Level of Care Assessment](https://www.transformationsllc.net/test-page/) |
|  | Required for Telehealth Clients |
|  | [**Authorization for Emergency Contact Person**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | For Commercial Insurance and Self Pay Clients |
|  | [**Payment Agreement**](https://www.transformationsllc.net/payment-agreement/) |
|  | [**Enter Credit Card Into MCP**](https://youtu.be/BdzYPr4Pdzw) |
|  | Required for Self-Pay Clients |
|  | [**Good Faith Estimate**](https://www.transformationsllc.net/good-faith-estimate/) |
|  | Associate Providers Forms |
|  | [**Authorization to Share Information with associate providers licensing supervisor**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Permission to Video Record Session**](https://www.transformationsllc.net/permission-to-video-record/) |
|  | CSA Provider Forms |
|  | [**CSA Life Skills Assessment and Plan**](https://www.transformationsllc.net/wp-content/uploads/2020/06/Life-Skills-Assessment-6-26-2020.docx) |
|  | [**Permission for Transport and Community Outings**](https://www.transformationsllc.net/permission-for-transportation-and-community-outings/) |
|  | Consider obtaining the following forms as they apply to your client’s needs |
|  | [**Authorization to Share Information with Psychiatrist**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with Educational System (school)**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with Child Care Provider**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with Psychiatric Hospital for previous treatment records and/or possible future admissions**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with Legal Representative**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with Parent. For clients 12 to 17 years of age.**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with external TCM**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with external BHP**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with external CSA**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information with external DCBS/DJJ**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information – Family**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | [**Authorization to Share Information – Other**](https://www.transformationsllc.net/authorization-to-share-information/) |
|  | Copy and paste this check list in to the client’s chart in a blank note.  Enter a date that precedes any documentation of your service so it is the first note in the chart. Do NOT lock and sign this note.  This will enable you to update the form as you complete each task.  Repeat in one year when it is time to renew all enrollment forms. |
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