# **Enrollment Forms and Status (Mark each as requested, completed, or n/a).**

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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/) |  |
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