

**Julie Hanson, LCSW**  
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Welcome!

You have taken a courageous step by making a counseling appointment. In doing so you are declaring that your emotional, spiritual and relational health is important to you. I am looking forward to working with you and hope that your experience will be a positive one. I have developed the following documents to facilitate our alliance. This packet contains the following:

- \* Registration Form
- \* Consent to Treatment
- \* Insurance Checklist and Verification of Benefits
- \* Insurance Authorization
- \* Credit Card Authorization
- \* Financial Policies
- \* Practice Policies
- \* Electronic Communication form

Copay/deductible are to be paid at the time of service. Please contact your insurance company to review and determine your payment portion and include that information on the attached form. Your portion can be paid via cash, check, credit card or HSA. Checks can be mailed to me at the office address listed above.

Sincerely,

Julie Hanson, LCSW