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We would appreciate if you could take a moment and fill out the intake forms.

The **Disclosure Statement** is for you to keep, except for the **page 4**, which needs to be returned to Dr. Smith.

The **Biographical Information** form should be filled out as completely as you feel able.

Also enclosed is complete information on **HIPPA**, the medical information privacy act. The information sheets are for you to keep, and the **Acknowledgment of Receipt of Notice of Privacy Rights** is to be signed and returned.

**Authorization consenting to release information** should be filled out if there is anyone you wish Dr. Smith to be able to speak with concerning your care. Examples of this might include your primary care physician, psychiatrist, former psychotherapist, lawyer, or other professional. If there is no one, then simply disregard this form.

Once the forms are completed, please e-mail them back, or give them to Dr. Smith when you first meet with him.

Thank you for your help.