



RAFT Counseling Additional Required Client Information

Photo Identification

In order to confirm client identity, please upload a copy of your photo identification to your client portal. If client is a minor and has photo identification, please upload copies of both client and parent/guardian photo identification to your client portal. Copies may also be provided in the office or emailed to admin@raftcounseling.com

Options for capturing an image of your ID include a camera phone or scanner. The maximum file size for uploads is 10 mb and accepted file formats are PDF, JPG, PNG, MP3, M4A, DOC, & CSV.

To upload a file, select the "Documents" tab in your portal and find the "My Uploads" section at the bottom.

If no photo identification is available, please email us at admin@raftconsulting.com

Emergency Contact Name and Phone Number

For emergency purposes only, please provide the name and contact phone number of the person you would like us to contact in the event of an emergency. This is not allowing us to release your medical record information to them, this is for emergency purposes only.

Insurance card if applicable

If you wish to use your insurance, please upload a copy of your insurance card both front and back.

For clients wishing to use their benefits with Aetna, UHC, Oxford, Oscar Health, and Anthem BCBS please note that we utilize Headway for billing with these insurance companies. You will receive a separate email from Headway to confirm your benefits and all insurance and billing for these companies will go through Headway moving forward. We are unable to bill for these companies outside of Headway.

Minor Clients with separated/divorced parents/guardians

If you are a parent/guardian of a minor client and are divorced or separated, please upload a copy of any current custody agreement/ parenting plan pertaining to the minor client and medical decision making. Please be aware that RAFT requires updates to any relevant changes that are made to these documents while the minor is engaged in counseling. If multiple parents/guardians have legal custody or medical authority for a minor client, we require consent to treat from all authorized parties. By signing this form you are agreeing to all items noted here.

As applicable for minor clients please provide full name, relationship, and custody type of each parent/guardian of minor client. If you would like us to provide client portal access to other



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parent/guardians so that they may access consent documents to electronically sign please also include their email address here:

ACKNOWLEDGMENT: I have reviewed, understood, and provided all the information above.

Client Name

Client Signature

Date

I am a parent or legal guardian of client.

Parent/ Legal Guardian Name (if applicable)

Parent/Legal Guardian Signature (if applicable)

Date