

Claire Zilber, MD  
4495 Hale Parkway, Suite 207  
Denver, CO 80220  
303-832-3330

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Preferred name or nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Preferred Pronouns (circle one): she/her/hers, he/him/his, they/them/theirs,  
other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

**CONSENT TO OFFICE POLICIES**

1. Patients are responsible for the prompt payment of their bills. You may request a statement with all the necessary codes to submit to insurance for reimbursement.
2. Appointments must be cancelled 48 hours in advance. If less notice is given but Dr. Zilber is able to fill the hour, no charge will be incurred. However, if the appointment time cannot be filled, you will be billed for the session. Exceptions are made for emergencies. Insurance does not pay for missed appointments.
3. The Colorado Prescription Drug Monitoring Program provides a database of controlled substance prescriptions that have been dispensed at Colorado pharmacies. Dr. Zilber may access this database to ensure that she is providing safe and appropriate treatment.
4. Your treatment is completely confidential. No information will be provided to anyone else about your care without written consent. The only legal exception to this rule involves the release of necessary information to ensure your safety or the safety of others in a life-threatening emergency. If you have any questions about this, please ask.

I agree to the above policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date