

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

**PATIENT INFORMATION**

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

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

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

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

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

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

**CONSENT TO OFFICE POLICIES**

1. Patients are responsible for the prompt payment of their bills. Upon request, a statement with all the necessary codes will be given to you, which you may submit to your insurance company 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 your appointment time cannot be used by someone else, you will be billed for the session. Exceptions are made for emergencies. Insurance companies do not reimburse 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