

Elliot Behavioral Health Services

445 Cypress St, Suite 8

Manchester, NH03103

Phone: 603-668-4079

Fax: 603-663-8605

New Patient Paperwork Check List

- Adult/Child Intake – (*Completed with signature*)
- Informed Consent (*Completed with 3 signatures*)
- Notice of Privacy Practices
- Medical Records Release Form – Complete for any *current* health providers
- Telehealth Consent to Treat
- 42 CFR Part 2 Program Consent to Release
- 42 CFR Part 2 Program Notice of Privacy Practices

Once you have completed the above forms please return them to EBHS via **one** of the following options:

1. **Email:** EBHSFORMS@elliott-hs.org (Please note that this email is non-secure)
2. **Mail:** 445 Cypress St, Suite 8
Manchester, NH 03103
3. **Upload:** to your MyEchart
4. **Fax:** 603.663.8605