

CLIENT AGREEMENTS AND AUTHORIZATIONS

(Place this form with Practice name at top of page. Have it make multiple copies.)

CONSENT FOR TREATMENT. I hereby consent to the treatment provided by (name of Provider) and its employees or designees. I authorize the services deemed necessary or advisable by my caregivers to address my needs. (_____)

AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION. I authorize use and disclosure of my personal health information for the purposes of diagnosing or providing treatment to me, obtaining payment for my care, or for the purposes of conducting the healthcare operations of the Practice. I authorize (name of Provider) to release any information required in the process of applications for financial coverage for the services rendered. This authorization provides that (name of Provider) may release objective clinical information related to my diagnoses and treatment, which may be requested by my insurance company or its designated agent. (_____)

ASSIGNMENT OF INSURANCE BENEFITS/ PAYMENT GUARANTEE/ COLLECTION FEE. I authorize payment to be made directly to the (Provider) for insurance benefits payable to me. I understand that I am financially responsible to (name of Provider) for any covered or non-covered services, as defined by my insurer. I understand that if my account balance becomes overdue and the overdue account is referred to a collection agency, I will be responsible for the costs of collection including reasonable attorneys' fees. (_____)

PRIVACY POLICY. I acknowledge having been offered the Provider's, "Notice of Privacy Policies". My rights including the right to see and copy my record, to limit disclosure of my health information, and to request an amendment to my record, is explained in the Policy. I understand that I may revoke in writing my consent for release of my health care information, except to the extent my therapist has already made disclosures with my prior consent. (_____)

Client or Authorized Person Signature	Relationship	Date
Witness Signature	Date	