

SOUTHWESTERN MENTAL HEALTH CENTER

CONSENT TO TREATMENT AGREEMENT

Client Name _____ Client # _____

I am consenting to evaluation and/or treatment and/or other services by Southwestern Medical Center. This may include the use of the standard medical, psychiatric, psychological, and/or chemical dependency procedures deemed necessary by mutual consent of client and/or parent, legal guardian and staff members.

By my initial below I indicate I have received, read, and agree with the following:

Fee Policy Confidentiality Statement Clients Rights & Responsibilities Client Grievance Procedure

NOTICE OF PRIVACY PRACTICE: Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Officer at Southwestern Mental Health Center, Inc., PO Box 686, Luverne, MN 56156. By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated May 18th, 2015.

Clients are requested to pay their established fees (co-pays, co-insurance, and self pay) at the time of service.

CLIENT AUTHORIZATION FOR 3RD PARTY CLAIMS: I request that payment for services received from Southwestern Mental Health Center are made directly to Southwestern Mental Health Center. I authorize Southwestern Mental Health Center to release to all identified 3rd Party Payers: diagnosis, dates, type and provider of service/s regarding myself and/or my dependent for purposes of processing a claim. This authorization expires one year from the date signed. I understand that I may revoke my consent at any time except when Southwestern Mental Health Center has already disclosed data.

In consideration of services provided, I am agreeing to pay for services provided to me, to my spouse, and to my minor children. I agree to pay all charges not covered by insurance.

Client or Parent/Legal Guardian

Date

Witness

Date