

IMPORTANT SIGNATURES

Please print patient name: _____

FINANCIAL POLICY / MISSED APPOINTMENT POLICY

My signature below indicates that I have been provided with a copy of the Financial Policy and Missed Appointment Policy.

IMPORTANT INFORMATION

My signature below indicates that I have been provided with a copy of the Important Information form.

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment to Midwest Center for Personal & Family Development of any medical benefits otherwise payable to me for services provided by a therapist affiliated with Midwest Center.

RECORDS RELEASE

I hereby authorize Midwest Center for Personal & Family Development to release my records to my insurance company and/or primary care physician for the purpose of processing my insurance claims. This authorization shall remain in effect as long as charges are being submitted for insurance claim processing or as long as dictated by payer.

NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

These forms have been explained to me, and I have been given an opportunity to ask questions about them.

X

Signature of Patient/Client or Personal Representative **Date**

If signed by personal representative, relationship to patient: _____