



Worthington Consultation & Behavioral Medicine

Consent to Treatment & Information to Third Party Payer

I, the undersigned, acknowledge that I am experiencing the a condition that may require diagnosis and treatment, do hereby voluntary consent to such diagnostic and treatment procedures and care provided as is necessary in the judgment of the Psychiatrist or Therapist of Worthington Consultation and Behavioral Medicine.

I understand that I have the right to refuse treatment according to Rule 5122:2-1-2 of the Administrative Code of the Department of Mental Health. I also understand the consequences of refusing or withdrawing consent of treatment.

I hereby acknowledge that no guarantees have been made to me as to the result of treatment or examination provided by Worthington Consultation and Behavioral Medicine.

I agree to provide copies of insurance cards and / or claim forms so that my insurance company can reimburse me for services that I have received.

This consent, unless otherwise revoked by the patient, expires upon formal discharge.

I _____ the undersigned, do hereby authorize Worthington Consultation and Behavioral Medicine to release to my insurance carrier or other category of third party payer, that is responsible for payment of my medical charges, the following information (as requested by payer): diagnosis, procedure cost and cost of services.

PATIENT'S SIGNATURE

DOB

LEGAL GUARDIAN

DATE

I attest to the identity of the above signature:

Witness

Date

NOTICE TO RECEIVING AGENCY/PERSON: PROHIBITION ON REDISCLOSURE: this information has been disclosed to your from records protected by Federal Confidentiality Rules (42 CFR part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR part 2. A general authorization is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. This information has been disclosed to you from confidential records protected from disclosure by state law. You shall make no further disclosure of the information without the specific, written and informed release of the individual to whom it pertains, or as otherwise permitted by state law.