

LABEL

AUTHORIZATION FOR TREATMENT, ASSIGNMENT OF INSURANCE BENEFITS AND RELEASE OF MEDICAL INFORMATION

Outpatient Behavioral Health
St. Agnes Hospital, Fond du Lac, WI

BHO-70-28 (12/05/13) ORDER FROM PRINTING

There are many important issues which will be discussed as you begin treatment. Of primary concern are the problems you bring to treatment. However, there are other important issues for you to understand and be familiar with as you begin receiving services. We have listed here several key issues which you should understand prior to committing yourself to treatment. Each of these issues should be discussed with you by your provider. If you have any questions, please feel free to ask them.

1. **Confidentiality** - We would like you to be open and comfortable in talking about your concerns. To help you be more comfortable discussing your problems it is important you understand any information you provide is considered confidential. This means we can not share any of it with others without your written consent.

There are times when the limits of confidentiality do not apply. One such time is when withholding information poses a risk of harm or a clear danger of physical injury. This includes, but is not limited to instances of suspected child abuse and/or neglect, threats of suicide or physical violence to others. Another time is when the courts subpoenas your records.

2. **Insurance** - The diagnosis and/or code number and the dates of outpatient treatment sessions will be provided your insurance carrier for billing purposes. **Signing this authorization below gives us permission to do this.**
3. **Rights** - You have certain rights which are outlined on a separate form: **Patient Bill of Rights. Please read this form carefully.**
4. **Complaints** - You have the right to voice any complaint you have regarding your clinical treatment, therapist, billing or other matters. Some are best discussed with your counselor while others can be discussed with Jim Salazek, Director of Behavioral Health.
5. **Consultation** - Your therapist will discuss your case with a supervisor and consult with other professionals within the Outpatient Behavioral Health Department when they would like to get some suggestions on how to proceed in certain areas. You can ask to meet with the case supervisor if you wish. Any meeting will be charged at their normal fee.
6. **Fees** - The cost of treatment is outlined on the **Fee Policy Sheet**. We ask that you discuss fees and billings concerns with your therapist.
7. **Appointments** - Your therapist will be asking you to make appointments at times convenient to you. We ask that you cancel any appointment you can not make 24 hours before the scheduled time. Failure to do so will result in your being charged one half the therapist's normal fee for a one hour session. You may be directly responsible for this fee as insurance companies do not generally pay for missed appointments.

Consent - I freely consent to the treatment offered me by the staff of St. Agnes Hospital Outpatient Behavioral Health Department. I am aware of my rights as a client. I am aware this authorization will remain in effect while I am in treatment and until payment of services is completed. I can withdraw this consent at any time by submitting a written request to do so.

PATIENT SIGNATURE

DATE TIME

WITNESS SIGNATURE

DATE TIME



BHO-0070