

HIPAA CLIENT ACKNOWLEDGMENT

Your signature below indicates:

- 1. That you have read the Revised "Therapist-Client Agreement"
2. That you have read the Revised "Notice of Privacy Practices"
3. That you agree to their terms
4. That you have been offered copies of the Revised "Therapist-Client Agreement" and the "Notice of Privacy Practices"

Client Name

Signature of Client or Legal Representative
(if client is under 18 years of age or incompetent to consent)

Date

Printed Name of Client/Legal Representative

Date

If signed by Legal Representative, relationship to the client:

ASSIGNMENT OF BENEFITS

I hereby instruct and direct my Insurance Company to pay by check made out and mailed to:
or

If my current policy prohibits direct payment to doctor, I hereby also instruct and direct you to make out the check to me and mail it as follows to:

Hamner Psychological Services
917 W. Main St., Suite 203
Bridgeport, WV 26330

for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

I authorize doctor to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

Dated at this day of , 20.

Signature of Policyholder or

Witness

Signature of Claimant, if other than Policyholder.

For Office Use Only:

A good faith effort was made to obtain a written acknowledgment of receipt. This was provided to:
our client/the client's representative (circle one) on / / .
The acknowledgment was not obtained for the following reason(s):

Signature of office representative: