

Client Name:

DOB:

Please initial 1-4, which corresponds to your signature below to indicate understanding and consent:

1. _____ I have reviewed a copy of the HIPAA Notice of Privacy Practice & Informed Consent forms.
 _____ I decline receipt of a physical copy.
2. _____ I understand the service that will be provided and consent to treatment.
3. _____ I authorize Nexus-FACTS to release/exchange to/with information the following listed below:

Primary Insurance	Group #	Policy #
Policy Holder Name		DOB
Secondary Insurance	Group #	Policy #
Policy Holder Name		DOB

I hereby authorize payment directly to Nexus-FACTS the policy benefits through my insurance carrier, but not to exceed the provider's regular charges for the period of treatment. I hereby authorize my insurance carrier to release all necessary information to Nexus-FACTS to secure the payment of benefits and to mail patient statements. I authorize the use of this signature on all insurance submissions.

4. _____ I understand that I am financially responsible to Nexus-FACTS for all charges not covered by my current benefits and all co-pays are due at time of service. I understand that Nexus-FACTS has the right to seek legal recourse to recover any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

You are responsible to advise Nexus-FACTS of any insurance change or loss of coverage. Should you secure services without coverage it is your responsibility to pay Nexus-FACTS for services received.

If you have any questions about billing or insurance obligations, please contact our billing department at 651-379-9800 ext 201.

This authorization automatically expires in one year unless earlier expiration date is noted here:

Client Signature: _____ Date: _____

Parent/Guardian (if minor) signature: _____ Date: _____

For Office Use Only

We made the following efforts to obtain written acknowledgement of receipt of the *Notice of Privacy Practices*:

Acknowledgement could not be obtained because (please check appropriate box):

- | | |
|---|--|
| <input type="checkbox"/> Individual refused to sign | <input type="checkbox"/> Communication barriers prohibited obtaining the acknowledgement |
| <input type="checkbox"/> An emergency situation prevented us from obtaining acknowledgement | Other: _____ |

Staff Signature: _____ Date: _____