



1250 South Tamiami Trail
Sarasota, FL 34239

(941) 363-0878
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CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT

CONSENT FOR MENTAL HEALTH SERVICES (Psychology, Counseling, and/or Psychiatry)

I hereby consent to engage in Diagnostic and/or Therapeutic Mental Health Services provided by one or more staff members of Comprehensive MedPsych Systems, Inc.

FINANCIAL AGREEMENT

I hereby guarantee prompt payment of all charges incurred for services rendered not covered by insurance carriers or others. Payment will be made of any balance within 30 days of billing. If payment is not received within 30 days, finance charges may begin to accrue at the maximum rate allowable by law. I agree that my credit card can be billed for any outstanding balance. If payment is not received within 30 days of the date such balance is due, the bill may be turned over to an attorney or a collection agency, at which time the undersigned shall be liable for attorney's fees and/or collection agency's fees and expenses.

ASSIGNMENT OF BENEFITS

If I am entitled to mental health benefits arising out of any insurance policy or from any person or organization who is or may become liable to me to provide such benefits, I hereby assign and authorize payment of such benefits for mental health services to which I am entitled to Comprehensive MedPsych Services, Inc. for services rendered to me.

I request that payment of Medicare benefits for psychological services be made on my behalf and assign them to Comprehensive MedPsych Services, Inc. and authorize submission of the necessary claims for payment. I authorize any holder of medical, mental health, and/or any financial information about me to release to the Health Care Financing Administration, or Medicare intermediaries, or Medicare Carriers any information needed for proper reimbursement.

INSURANCE PRE-CERTIFICATION

I hereby expressly understand that I personally am responsible for any required notification to my insurance company to obtain authorization **before service is rendered**. I understand that I am responsible for the charges not covered by insurance which are allowable by contract and by law.

RELEASE OF INFORMATION FOR PAYMENT

I expressly authorize any agent of Comprehensive MedPsych Systems, Inc. to release all or part of my mental health record by telephone, by facsimile transmission, or in writing when required by law or government regulation, or as a condition for payment of charges for insurance carriers or other reimbursers or utilization review bodies. Comprehensive MedPsych Services, Inc., its agents, servants, and employees are hereby released from any and all liability that may arise from the release of such information.

RELEASE OF CLINICAL INFORMATION

Information cannot be released without your consent except under the following circumstances in which we may be bound by law to report to the state of Florida or otherwise provide information without your consent:

1. You are in imminent danger of self-neglect or harming yourself or someone else.
2. There is suspicion of child abuse or neglect.
3. There is suspicion of elder abuse or neglect.
4. There is suspicion of abuse or harm to a disabled individual.
5. There is suspicion of an inappropriate sexual relationship with a healthcare provider.
6. If legal action is brought which specifies mental health damages.
7. If there is a court order signed by a judge.
8. In forensic/legal or Workmans Compensation cases, you are not the client and information may be shared with the client or contracting agency without your written consent and you may not have rights to information contained in CMPS records.

PATIENT RIGHTS & COMPLAINT PROCESS

I understand that I have a right to refuse treatment at any time. Unless otherwise agreed to in writing in such cases where HIPAA does not apply (e.g., Worker's Compensation, litigation), I have a right to review my records, diagnosis, and treatment plan. I understand that if I feel that my rights have been violated, it is my right to file a complaint with the State of Florida (see posted Consumer Assistance Notice).

