

AGREEMENT WITH PAYORS OF ADULT CLIENTS

Name of Adult Client _____

Name of Payor _____

Home# _____ Cell# _____ Work# _____

Street Address: _____

City _____ State _____ Zip _____

To whom should bills be sent? Client/Payor

The Wake Kendall Group recommends direct communication between clients and family members in the vast majority of situations. However, in the event that there are significant billing issues that are not being addressed effectively between the client and his/her payor, I authorize

_____ (Clinian) to speak
with _____ (Payor) to resolve these financial issues.

I understand the following:

- This authorization shall remain in effect until treatment is terminated.
- I have the right to revoke this information in writing at any time; however the revocation will not be effective to the extent that this authorization already has been exercised. There are restrictions on revocation when authorization was given as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
- I have the right to inspect the disclosed mental health information at any time.
- My psychologist may not condition services upon my signing an authorization.
- The information used or disclosed may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy rule.

Client Signature & Date: _____

Payor's Signature & Date: _____