

Consent to Bill Insurance Company

I, _____ hereby consent to communication between
(Name of Client)
_____ and Leigh Church, Ms, LADC, CPC.
(Name of Insurance Company)

The purpose of and need for the disclosure is to coordinate with my insurance company the payment for services rendered. The extent of information to be disclosed is my diagnosis, services and programs participated in.

I understand that this consent will remain in effect and cannot be revoked by me until:

_____ There has been a formal and effective termination or revocation of my treatment

I understand that all monies collected from the insurance company will be paid directly to the counselor. I also understand that I will be responsible for any unpaid portion of my bill.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and those recipients of this information may re-disclose it only in connection with their official duties.

Client Signature

Last 4 Digits SS# _____

Date

Witness Signature

Date

By checking the box I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts – just the same as a pen-and-paper signature.