MHS
6600 France Ave. S., Suite 230
Edina, MN 55435
P: 952-835-2002
F: 651-383-4935

CONSENT FOR RELEASE OF PRIVATE INFORMATION AND PAYMENT TO CLIENT'S HEALTH INSURANCE COMPANY AND BILLING CLEARINGHOUSE

I understand that no other uses will be made of this information, except for those previously communicated to me or as otherwise authorized by law, and that access to it will be limited to persons whose work assignments reasonably require access to accomplish the purposes stated above.

I agree that this Consent will remain in full effect until my discharge from treatment at Mental Health Systems, PC or until I revoke this consent.

I also hereby authorize payment(s) to be made to Mental Health Systems, PC (MHS) for MHS service(s) provided to me and/or my dependent.

CONSENT FOR TREATMENT

I give my consent for services at MHS, PC and by associated professional staff, students and contracted staff. This consent will include evaluation, therapy, and/or testing (if indicated). A treatment plan will be designed between you and your assigned therapist(s). This consent is an agreement to be involved in the treatment planning process.

I understand that I may decline a specific treatment recommendation.

_____ _____

Witness Signature Date

ACKNOWLEDGMENT OF RECEIPT OF CLIENT'S RIGHTS BROCHURE

I have received and a written copy of and a verbal explanation of Mental Health Systems, PC's description of my rights as a recipient of service, entitled "Client Rights and Responsibilities." I have also received a copy of the MHS DBT Group Attendance Policy, Co-Pay, Co-Insurance, Deductible, and Spend-down Policy, MHS DBT Group Rules/Expectations

I understand that I may receive another copy of this statement at any time and that I may direct any complaints about my service to the Program Director or to the Clinical Director.

Note: Questions concerning your bill or client account should be directed to the business office.

_____ _____

Client Signature Date

If client is a minor or legally incompetent please have the parent or guardian sign below:

_____ _____

Parent or Guardian Signature Date

_____ _____

Witness Signature Date