

Acknowledgment Form

_____ I acknowledge that I have received and read the form entitled “Information Letter” and that I understand and agree to the terms regarding appointments, cancellations, fees, and insurance benefits.

_____ I acknowledge receipt of the Notice of Privacy Practices and Consent to Use and Disclose Personal Health Information forms

_____ I authorize Margaret Stearns, MSW, LICSW to release to my HMO, insurance company, third party payer, or their designee, information as may be necessary for the payment of my bill, determining benefits, or utilization and quality review purposes for this episode of care.

_____ I assign Margaret Stearns, MSW, LICSW all benefits payable to me for these mental health services. I understand that Margaret Stearns may be paid directly by the insurance company or other payer.

_____ I guarantee payment of all charges incurred throughout the course of treatment in accordance with the rates and terms of Margaret Stearns, MSW, LICSW.

Signature _____ Date _____
Client or Parent/Guardian