

CHOICE

PSYCHIATRIC MEDICAL GROUP

PATIENT RELEASE:

I certify that the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agents, for primary care physicians, specialists, for purpose of filing and payment of medical claims. I understand that if I am using insurance for treatment, I directly assign my insurance benefits to my provider. I hereby authorize the use of this signature on all insurance submissions on my behalf. I understand in the event that payment is not submitted directly to Mental Health, it is my responsibility to submit any payment I receive for services rendered by Mental Health, directly to this office.

EXTERNAL TREATMENT HISTORY CONSENT:

I authorize Mental Health to view my external prescription history via the electronic health record systems, I understand that prescription history from multiple other medical providers, insurance companies, and pharmacies may be viewable by my providers and authorized staff here, and it may include prescriptions from previous years.

CONSENT TO TREAT: I give consent to my physician to provide the medical care, perform psychological tests, prescription of medications and other services that are considered necessary or beneficial for me or my child's health and wellbeing. I acknowledge that no representations, warranties or guarantees related to results or cures have been made to me or relied upon by me. Your signature below indicates that you have read this agreement and agree to abide by its terms. You have the right to revoke this agreement in writing at any time.

Limits of Confidentiality Statement:

All information between clinicians and patient is strictly confidential.

Some legal exceptions are:

1. The patient authorizes a release of information with a signature. 2. The patient's mental condition is involved in a lawsuit, there is a court order or order by a Judge. 3. The patient presents as a physical danger to himself (Johnson v County of Los Angeles, 1983). 4. The patient presents as a danger to others (Tarasoff v Regents of University of California, 1967). 5. Child or Elder abuse and/or neglect are suspected (Welfare & Institution and/or Penal Code). In the latter two cases, the practitioner is required by law to inform potential victims and legal authorities so that protective measures can be taken.

SIGNATURE OF THE PATIENT OR LEGAL GUARDIAN

DATE: _____

NAME (PRINT) _____