



Acknowledgement of Receipt of Privacy Practice Notification  
Client Information and Office Policy Statement  
Authorization for Treatment & Payment

Name of Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing this document, you are acknowledging the following:

1. I have been offered and/or received a copy of Horizon Psychiatry Client Information and Office Policy Statement as well as the Notice of Privacy Practices. I understand my rights, including those related to confidentiality and its limitations.
2. I understand the service that will be provided and I consent to treatment for myself. Psychiatric/Mental health services may include diagnostic interview, brief psychotherapy, specialized assessments (if indicated) and involvement in the treatment planning process for all services that are received through this clinic.
3. I authorize Horizon Psychiatry to release/exchange information with my insurance company. I hereby authorize payment directly to Horizon Psychiatry of the policy benefits otherwise payable to me, but not to exceed the provider's regular charges for the period of treatment. I understand that I am financially responsible to Horizon Psychiatry for all charges not covered by my current benefits and all co-pays are due at time of service.

Please note, you are responsible for knowing your benefits and coverage. You are responsible for notifying Horizon Psychiatry of any insurance change or loss of coverage. Should you secure services without coverage, it is your responsibility to pay Horizon Psychiatry for services received. If payment for client responsibility is not rendered, services may be suspended until payment is received.

4. Do you wish for Horizon Psychiatry to notify your primary care provider that you are receiving services, for purposes of coordinating care? NO YES If YES, please complete a separate Release of Information form and specify what information you would like to be shared.

Client's (or Legal Representative's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative of client please print name: \_\_\_\_\_