Billing & Scheduling Release

Is there anyone other than yourself who might: Make payments on your account? Make/change/cancel appointments for you?

If ves, please fill out this release form. By signing this form you will authorize us to

I,au	thorize Pike Creek Psychological to do the following:
I,aut	, ,
=	e information you would like PCPC to share.
You may chec	ck one or both.
SHARE MY BILLING INFORMATION	SHARE MY SCHEDULING INFORMATION
 I authorize PCPC to: release information about my account to the individual(s) I specify below. request from the individual(s) I specify 	 I authorize PCPC to: release information about my appointments to the individual(s) I specify below. request from the individual(s) I specify
below any information necessary to allow payments to be made on my account.	below any information necessary to allow changes to be made to my appointments.
To whom should we release/From who	om should we request your information?
Name:	
Relation:	
convenie	e you, the client, with our services in a manner nt for you.
i nis allinorization will expire o	ne year from the date it is signed
_	ne year from the date it is signed.
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action indition of obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychological	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychological
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action indition of obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychologicatices are provided to me for the purpose of creating health information.	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychologica on for a third party.
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action indition of obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychologicatices are provided to me for the purpose of creating health informative authorization is signed by a personal representative of the patients to be provided.	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychological on for a third party. , a description of such representative's authority to act for the patien
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action undition of obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychological vices are provided to me for the purpose of creating health informative authorization is signed by a personal representative of the patient st be provided. In the provided description of the patient st be provided. In the provided description of the patient st be provided.	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychological on for a third party. , a description of such representative's authority to act for the patients.
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action ondition of obtaining insurance coverage and the insurer has a legal ruderstand that my therapist generally may not condition psychological vices are provided to me for the purpose of creating health information authorization is signed by a personal representative of the patient as the provided. Inderstand that information used or disclosed pursuant to the authorial no longer protected by the HIPAA Privacy Rule. Wever, any disclosure of information that pertains to the treatment of the treatment of the diagnosis, and which would identify a patient as an alcohole.	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. all services upon my signing an authorization unless the psychologica on for a third party. If a description of such representative's authority to act for the patient zation may be subject to redisclosure by the recipient of my informated in the property of the patient of diagnosis of drug abuse or alcohol abuse or a referral for such lor drug abuser, permitted hereunder shall be accompanied by the
a have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action on on or obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychological vices are provided to me for the purpose of creating health information authorization is signed by a personal representative of the patient as the provided. Inderstand that information used or disclosed pursuant to the authorial no longer protected by the HIPAA Privacy Rule. Wever, any disclosure of information that pertains to the treatment of atment or diagnosis, and which would identify a patient as an alcoholowing written statement: "This information has been disclosed to you The Federal rules prohibit you from making any further disclosure of written consent of the person to whom it pertains or as otherwise pedical or other information is NOT sufficient for this purpose. The Federal	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. all services upon my signing an authorization unless the psychological on for a third party. The description of such representative's authority to act for the patient value at a claim was be subject to redisclosure by the recipient of my informated and are diagnosis of drug abuse or alcohol abuse or a referral for such the ording abuser, permitted hereunder shall be accompanied by the uniform records protected by Federal confidentiality rules (42 CFR part this information unless further disclosure is expressly permitted by the remitted by 42 CFR part 2. A general authorization for the release of
a have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action ondition of obtaining insurance coverage and the insurer has a legal raderstand that my therapist generally may not condition psychological vices are provided to me for the purpose of creating health information authorization is signed by a personal representative of the patient st be provided. Inderstand that information used or disclosed pursuant to the authorial no longer protected by the HIPAA Privacy Rule. Wever, any disclosure of information that pertains to the treatment of atment or diagnosis, and which would identify a patient as an alcoholowing written statement: "This information has been disclosed to you The Federal rules prohibit you from making any further disclosure of written consent of the person to whom it pertains or as otherwise per	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychologica on for a third party. The adscription of such representative's authority to act for the patient at diagnosis of drug abuse or alcohol abuse or a referral for such all or drug abuser, permitted hereunder shall be accompanied by the unfrom records protected by Federal confidentiality rules (42 CFR pafethis information unless further disclosure is expressly permitted by ermitted by 42 CFR part 2. A general authorization for the release of eral rules restrict any use of the information to criminally investigated.
have the right to revoke this authorization, in writing, at any time by ocation will not be effective to the extent that PCPC has taken action on indition of obtaining insurance coverage and the insurer has a legal rederstand that my therapist generally may not condition psychological vices are provided to me for the purpose of creating health information is authorization is signed by a personal representative of the patient is the provided. In a longer protected by the HIPAA Privacy Rule. Wever, any disclosure of information that pertains to the treatment of atment or diagnosis, and which would identify a patient as an alcohologous written statement: "This information has been disclosed to you written consent of the person to whom it pertains or as otherwise per dical or other information is NOT sufficient for this purpose. The Fed secute any alcohol or drug abuse patient."	y sending such written notification to the office address. However, you reliance on the authorization or if this authorization was obtained right to contest a claim. all services upon my signing an authorization unless the psychological on for a third party. If a description of such representative's authority to act for the patient reliation may be subject to redisclosure by the recipient of my information or diagnosis of drug abuse or alcohol abuse or a referral for such for drug abuser, permitted hereunder shall be accompanied by the uniform records protected by Federal confidentiality rules (42 CFR path this information unless further disclosure is expressly permitted by the remitted by 42 CFR part 2. A general authorization for the release of eral rules restrict any use of the information to criminally investigate the effect of the original.
have the right to revoke this authorization, in writing, at any time by cation will not be effective to the extent that PCPC has taken action addition of obtaining insurance coverage and the insurer has a legal restand that my therapist generally may not condition psychological deceare provided to me for the purpose of creating health information authorization is signed by a personal representative of the patient to be provided. It is provided. It is information used or disclosed pursuant to the authorities and that information used or disclosed pursuant to the authorities to longer protected by the HIPAA Privacy Rule. It is ever, any disclosure of information that pertains to the treatment of the terminal of the person of the person to making any further disclosed to you he Federal rules prohibit you from making any further disclosure of the person to whom it pertains or as otherwise points or other information is NOT sufficient for this purpose. The Federal rules are also of the person to whom it pertains or as otherwise points or other information is NOT sufficient for this purpose. The Federal rules prohibit you from patient for this purpose. The Federal rules are also of the person to whom it pertains or as otherwise points or the person to whom it pertains or as otherwise per person to the person to the purpose. The Federal rules are also of the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person to whom it pertains or as otherwise per person to the person	y sending such written notification to the office address. However, y in reliance on the authorization or if this authorization was obtained right to contest a claim. al services upon my signing an authorization unless the psychological on for a third party. The adescription of such representative's authority to act for the patient cation may be subject to redisclosure by the recipient of my informated rediagnosis of drug abuse or alcohol abuse or a referral for such all or drug abuser, permitted hereunder shall be accompanied by the uniform records protected by Federal confidentiality rules (42 CFR part this information unless further disclosure is expressly permitted by the remitted by 42 CFR part 2. A general authorization for the release of eral rules restrict any use of the information to criminally investigated me effect of the original. DOB: DOB:

Admin initials & date: