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Regarding Matters of Confidentiality

Mental health law dictates that we can neither confirm nor deny that a patient is being seen in our practice without written authorization from the patient. This includes all family members. Please be advised questions regarding billing matters and the scheduling or canceling of appointments will be discussed only with the patient or guardian.

If there is someone you would like to authorize our office to speak with regarding these matters, please list their name and information below.

Name: _____

Relationship to patient: _____

Phone number (indicate if cell or home) _____

Print Patient's name: _____

Signature of Patient or Legal Guardian _____

Date: _____