

Informed Consent for Financial Responsibility

This agreement is to assure that you understand the policies in effect at Northeastern Mental Health Center (NEMHC). Your signature(s) on this form constitutes **informed consent** for financial responsibility for all services offered by NEMHC professional staff.

The following conditions apply to all clients:

- Financial responsibility to NEMHC for any and all charges not covered in full by another payer.
- NEMHC utilizes a sliding fee scale based on annual income and household size. This scale will be applied to all services not paid by a third party.

I/we authorize payment of any medical benefits to NEMHC for services provided.

I/we also understand that I/we have the right to revoke this Consent; in writing at any time with the understanding this will not affect any information that has been used and disclosed prior to written revocation.

I/we authorize the release of protected health information as necessary to process third party claims.

I/we certify that I/we understand the financial requirements and specifications described above and offer my/our informed consent to them.

Please print name of person receiving service

Authorized Signature

Date

Relationship (if not client)

NEMHC Staff Signature

Date

Protected Health Information

I/we understand that I/we have the right to request a restriction as to how protected health information is disclosed to carry out treatment, payment or health care operations of NEMHC. I/we realize that NEMHC is not required to agree to a restriction that I/we may request. If NEMHC does agree, the restriction must be honored by NEMHC. If payment is not received as a result of the restriction, I/we assume full responsibility for payment to NEMHC. Restrictions, if any, agreed to by NEMHC regarding the use and disclosure of health information:

I/we acknowledge receipt of the NEMHC **Grievance/Communication Policy**, enumeration of **Client Rights** and **Privacy Notice**.

Authorized Signature

Date

Relationship (if not client)

NEMHC Staff Signature

Date