

HIPAA Acknowledgment and Consent

I acknowledge that I have read and received copies of a professional disclosure statement from Martha R. Durham, PhD, LLC and Clients Rights under HIPAA. My signature confirms that I understand and accept the information in these documents. I further consent to treatment with Martha R. Durham, PhD and understand that participation in treatment and/or physical assessment/testing is voluntary, and I can terminate services at any time. While I expect benefits from treatment, I understand that these cannot be guaranteed. I also understand that I am financially responsible for these services.

Signature of Client: _____ Date: _____

or

Signature of Parent or Guardian _____ Date: _____

Assignment of Insurance and Release of Information

I understand that Martha R. Durham, PhD does not accept insurance.

I understand that Martha R. Durham, PhD, LLC is a self-pay business and that I am responsible for payment at the time of service unless other arrangements have been previously made. Twenty-four-hour notice must be given prior to cancellation or change of appointments. Missed appointments or same day cancellations will be charged the full amount of the session. Exceptions may be granted for emergencies or unexpected situations.

Your signature below certifies the following: I have read and understand fully this billing policy and agree to make payment in full and/or satisfactory arrangements if asked to do so as specified above. I understand that I am financially responsible for any amount of charges I may receive. I specifically grant permission for Martha R. Durham, PhD or her representative to contact me at home or work for the purpose of resolving my bill. Should my account be referred for collection to an attorney or collection agency, I shall pay reasonable attorney’s fees, court fees, and collection expenses. I hereby authorize Martha R. Durham, PhD or her representative to release all information necessary to secure payment. I hereby assign all benefits to which I am entitled, including private insurance, Worker’s Compensation, Victim’s Compensation, etc. This assignment applies to all charges outstanding as the date of signature and will remain in effect for all current and future charges until revoked in writing. A photocopy of this assignment is to be considered as valid as the original.

Client Name - Please Print **or** _____
Name of Responsible Party - Please Print
*If different from client

Signature of Client **or** Responsible Party _____ Date: _____