PREVAIL COUNSELING GROUP, PLLC
HIPAA ACKNOWLEDGMENT & AUTHORIZATION

"I hereby acknowledge that I have received a copy of the HIPAA & Privacy documents from PCG, PLLC."

READ & PLACE A CHECK MARK IN ALL THE FOLLOWING STATEMENTS ACCEPTING RESPONSIBILITY

[   ] I grant authorization to Prevail Counseling Group, PLLC to release PHI to my third party payer and any prior authorization that is necessary for billing or to process any claims for services provided by PCG, PLLC.

[   ] I accept full responsibility for notifying Prevail Counseling Group, PLLC **IMMEDIATELY** of any changes in my insurance coverage or third party payer while receiving care. Failure to do so will result in my being responsible for any unpaid claims.

[   ] I understand that **I AM** responsible for my bill.

[   ] I authorize my therapist to act as my agent in assisting me in obtaining payment from my insurance company or third party payer.

[   ] I authorize my insurance company or third party payer to send payment directly to Prevail Counseling Group, PLLC for all services provided.

[   ] I will pay my co-payment and/or co-percentage **and** any outstanding balances owed to Prevail Counseling Group, PLLC **BEFORE** each visit.

[   ] Deductible Plans **REQUIRES** A credit card on File: *I hereby consent/authorize to charge my credit card/debit card for any outstanding balance at the end of each month such as deductibles, co-payments, co-insurance or other amounts my insurance or third party payer determines as payable by me.*

CONSENT AND AUTHORIZATION GRANTED
PRINT YOUR NAME

First _____ Last _____

Signature _____ Date _____

Relationship to Minor _____

INSURANCE / THIRD PARTY PAYER / SELF PAY

[   ] _____
[   ] _____
[   ] _____
[   ] I request **NOT** to use my insurance benefits and understand I will **SELF-PAY** the cost of services provided by PCG, PLLC.

AUTHORIZATION GRANTED TO HTS, LLC TO DISCUSS BILLING RECORDS, ADMN QUESTIONS, GENERAL QUESTIONS WITH THESE PEOPLE

[   ] SPOUSE _____ PHONE # _____
[   ] PARENT _____ PHONE # _____
[   ] OTHER _____ PHONE # _____