

JUNIPER TREE COUNSELING SERVICES

Toni L. Wood M.S., L.P.C., PC

214-695-9341

HIPPA Provider Notice of Information Practices, Informed Consent, Confidentiality, Cancellation and Co-Payments

Review of HIPPA Provider Notice of Privacy Practices

- ❖ Patient asserts he/she has read the HIPPA Notice of Privacy Practices and asserts understanding it and signed NPP Acknowledgement Form.

Review of Informed Consent, Cancellation, and Co-Payments

- ❖ Patient asserts he/she has read the Informed Consent form and acknowledges understanding of it.
- ❖ Patient's Parents _____ assert(s) he/she/they has/have read the Informed consent Form and requested explanation of any uncertainty.
- ❖ Reviewed and answered the patient's/parent(s) questions/concerns.
- ❖ Reviewed cancellation policy with patient/patient's parents, and he/she/they assert(s) understanding.

Review of Confidentiality

- ❖ Reviewed the limits of confidentiality with the patient.
- ❖ Reviewed the limits of confidentiality with the patient and the patient's parent(s).

Review of Co-Payment/Financial Information

- ❖ Informed the patient/patient's parents(s) that his/her/their insurance program is _____ and that his/her their co-payment amount is \$_____ per session. Informed the patient/patient's parents(s) that Toni L. Wood M.S., L.P.C. has a legal and contractual obligation to collect co-payments at the end of each session.

Your signature below indicates you have received, reviewed and fully understand all of the outlined office procedures listed above.

Patient's Signature

Date

Toni L. Wood M.S., L.P.C.

Date