

Integrative Therapy Institute of NJ

Informed Consent Form

I hereby authorize the *Integrative Therapy Institute of NJ (ITINJ)* to disclose information from my records relating to my treatment in order to obtain insurance reimbursement. I understand that I may review this information and that I may revoke this consent by letter at any time.

YES: ___ NO: ___ INITIALS: ___

I acknowledge that I have reviewed or received a copy of the HIPAA/Privacy Policies of *ITINJ* that pertain to my personal and medical information.

YES: ___ NO: ___ INITIALS: ___

I acknowledge that I am financially responsible for any and all charges for professional services, whether or not paid by an insurance carrier or health plan. In those instances, in which the provider is to be paid by my insurance carrier, I a) understand that it is my responsibility to pay, at the time services are rendered, any deductible, co-payment, and "non-covered" services and b) understand that in the event my insurance carrier issues payment directly to me it is my responsibility to forward that payment along with the explanation of benefits for appropriate posting of the payment to Integrative Therapy Institute of NJ, LLC.

Due to the pandemic, when ITI obtains mental health benefits, we have found the insurance companies are providing inconsistent and/or incorrect benefits and eligibility. Therefore, if we are provided incorrect information and receive explanation of benefits stating otherwise, I understand I am financially responsible for any fees that are not covered by my insurance company.

YES: ___ NO: ___ INITIALS: ___

I hereby give permission to ITINJ to provide psychological treatment to:

_____. The person receiving treatment is (please check one):

Myself: ___ My child: ___ Other: (please explain) _____

I understand that I may revoke this consent by letter at any time. I also understand that the confidentiality privilege of a minor belongs to his or her guardian, but that minors who are age 14 (fourteen) or older have the same confidentiality rights as adults.

YES: ___ NO: ___ N/A: ___ INITIALS: ___

Signature of a child (if applicable): _____

Print Name: _____

Signature: _____

Date: _____