



165 Main St.
Cortland, NY, 13045
607-753-0234

201 Cedar
Oneida, NY, 13421
315-280-0400

10 Cambridge Ave.
Morrisville, NY, 13408
315-684-1172

257 Main St.
Binghamton, NY 13905
607-729-6206

Licensed Chemical Dependence & Mental Health Clinics

Counseling for Individuals, Couples and Families

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

Concerning: _____

I authorize Family Counseling Services to release records and/or treatment information to insurance and/or Medicaid carriers and their agents concerning my presence in treatment, diagnosis, treatment plan, progress, and prognosis, for the purpose of clarifying my condition and justifying payment by the carrier.

I assign all payments for services rendered to myself or my dependents to Family Counseling Services.

I understand that I am responsible for all fees and finance charges for myself, my dependent, or other patient noted above, regardless of insurance coverage.

I also understand that if my insurance carrier requires prior approval or a referral from my primary care physician, and I fail to obtain such prior authorization, I may be responsible for payment of the entire bill. I also understand that I am expected to report any insurance changes as they occur.

I understand that if my records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I understand that I may revoke this consent at any time by notifying the agency, except to the extent that action has been taken in reliance on my consent. The duration of this authorization is no longer than one year unless I specify a date, event, or condition upon which it will expire sooner.

This consent will automatically expire in one year.

This consent will expire when acted upon, or 90 days, whichever comes first.
Specify date, event or condition upon which it will expire sooner

Signature of Client

Date

Signature of Parent/Guardian/Legal Representative

Date

Signature of Witness

Date