Main Line Health® | BEHAVIORAL HEALTH

Patient Name: _____

Date of Birth: _____

CONDITIONS OF REGISTRATION

CONSENT FOR TREATMENT: The undersigned hereby consents to the administration of routine diagnostic, evaluation procedures as recommended by the physician rendering care.

EMERGENCY TREATMENT: I hereby authorize Women's Emotional Wellness Center, in case on an emergency, to seek outside medical treatment for myself/or my child at an appropriate facility. I further authorize the receiving hospital to provide emergency medical treatment and transportation as needed.

RELEASE OF IMFORMATION: I authorize Women's Emotional Wellness Center to disclose portions of the clinical record on the patient named above to my insurance company and/or its contracted reviewing agent. Such disclosure shall be for reimbursement purposes for those services received at Women's Emotional Wellness Center. Such disclosures may include the review or release of the psychiatric and/ or substance dependency/abuse diagnosis(es), history and physical examination, psychiatric/psychological assessments, other clinical assessments, progress notes, diagnostic/discharge summaries, treatment and continuing care documentation and any other information or records reasonably necessary to carry out the purpose of this disclosure.

I hereby release Women's Emotional Wellness Center, its officers, agents, employees and any clinician associated with my case, from all liability that will arise as a result of disclosure of information to the insurance company(s) or its reviewing agency(s).

In signing this release I acknowledge the following:

(1) I am aware and understand that this authorization will not be used unless the insurance company(s) or its agency(s) request the records or information for reimbursement purposes.

(2) I am aware and have been advised of the provisions of State and Federal Statutes and regulations, which provide for my right of confidentiality of the information in these records.

(3) I understand that this authorization to release information is subject to revocation at anytime except to the extent that action has been taken in reliance thereon. In any event, this authorization will expire once reimbursement for services rendered is complete.

PERSONAL VALUABLES: It is understood the Women's Emotional Wellness Center cannot be held responsible for any valuables or other property.

HANDBOOK ACKNOWLEDGEMENT: I have received a copy of the Women's Emotional Wellness Center's patient handbook, including a copy of the patient's rights. A staff member has reviewed the information with me. I understand that if I have additional questions, staff is available to answer questions or to assist me in finding the answer

PATIENT SATISFACTION: At time of discharge a patient satisfaction survey will be given to you to complete and return. This survey will help improve the quality of our program by the suggestions that you have made.

Patient: _____ Date: _____

Staff Witness: _____ Date: _____