



5700 Kirkwood Hwy, Ste. 206 · Wilmington, DE 19808  
Phone: 302-397-8131 · Fax: 302-397-8107

## NOTICE TO ALL INSURANCE CLIENTS

We require a 24-hour notice on any appointment cancellation. There is a \$25 cancellation/no show fee for each missed appointment. Cancellation fees will not be billed to insurance companies or lawyers. Fees must be paid before your next scheduled appointment.

Please initial here stating that you understand our cancellation policy. \_\_\_\_\_

Also, please note, we are happy to accommodate your choice of therapist. However, therapists may be substituted due to scheduling issues or availability.

## H.I.P.A.A.

What is it? How does it affect you? As a valued client of DMTC, health information pertaining to you is very important to us. We have always maintained secure and confidential files to insure that privacy is not compromised. Congress enacted the Health Insurance Portability & Accountability Act (HIPAA), which regulates the maintenance, transmission, security, and privacy of personal health information (known as P.H.) This act applies to all protected health information including written records and all electronic or verbal communication. Under routine and normal circumstances, will necessitate your written consent to allow us to share your personal health information to a third party, such as an insurance company, lawyer, or employer. Be assured that in non-routine inquires, we will not divulge any personal health information without your written consent. As required by HIPAA, we have posted in our office at the front desk, our Notice of Privacy Practices, and have selected Debora Jedlicka, as our Privacy Officer.

## CLIENT CONSENT FORM FOR PERSONAL REPRESENTATIVES

By signing this form, you consent to our use and disclosure of protected health information about your treatment and health care operations. You have the right to revoke this consent, in writing, signed by you. DMTC provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The client understands that:

- Protected health information may disclosed or used for treatment or health care operations, including appointment reminders by postcard or messages on an answering machine.
- DMTC has a Notice of Privacy Practices and that the client has the opportunity to review this Notice.
- DMTC reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information, but DMTC does not have to agree to those restrictions.
- The patient may revoke this consent in writing at any time and all future disclosures will then cease.
- DMTC may condition treatment upon the execution of this Consent.

This Consent allows DMTC to disclose my information to the following people:

Spouse \_\_\_ Parents \_\_\_ Children \_\_\_ Physician \_\_\_ Lawyer \_\_\_ Insurance Company \_\_\_ Other \_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Client (if other than Client) \_\_\_\_\_

Witness \_\_\_\_\_