HIPAA Privacy Practices Statement

Consent for Services and Authorization Form

The following information provides ___________________________(client) to authorize or consent treatment, assignment of benefits, and release of information authorization.

★ I authorize_______________________________ (Provider of Restorative Wellness, LLC) to provide myself with reasonable and proper services.

★ I ______________________________will provide the following information to the Provider prior to services:

- Last name, first name and middle initial
- Marital status
- Social security number
- Birth date
- Sex
- Physical address, mailing address, city, state, and zip code
- Home phone number and cell phone number
- Employer, occupation, and employer phone number

★ I authorize my Health Insurance Company or third party payer to pay my insurance benefits directly to Restorative Wellness, LLC dba Holistic Healthcare Services, LLC.

- I agree to provide the following information to fulfill this requirement:
    - Responsible party name
    - Responsible party birth date
    - Responsible party address
    - Responsible party phone number
    - Responsible party employer, occupation and employer phone number
    - Primary insurance name
    - Subscriber's name
    - Subscriber's social security number
    - Subscriber's birth date
    - Subscriber's policy number
    - Subscriber's group number
    - Patient's relationship to the subscriber
    - Secondary insurance name
    - Subscriber's name
    - Subscriber's social security number
    - Subscriber's birth date
    - Subscriber's policy number
    - Subscriber's group number
    - Patient's relationship to the subscriber

★ I authorize _________________(representative of Restorative Wellness, LLC) to release any information required to process my insurance claim with the following restrictions:

★ I understand that I am ultimately financially responsible for any balance remaining on the account after insurance has paid or total charges even if the insurance is pending or has denied.

The above information is true to the best of my knowledge, ______________________________

Client Name Printed

____ _______________

Client Name Signature Date

Reviewed/Received:______________________________________ Date____________