

**Informed Consent:**

The following Private Health Information (PHI) is utilized/shared with your insurance company and third party processing affiliates when filing insurance claims for payment for services rendered.

Name

DOB

Address

Gender

Services Rendered

Diagnosis

The following PHI may be requested by the insurance provider to determine medical necessity.

Progress Notes

Mental Status Exams

Clinical Paperwork including Treatment Plans or Summaries

Psychotherapy notes are not included PHI for the purposes of processing payment for services or medical necessity of treatment.

I understand the above PHI is needed to process insurance claims for payment for services rendered. I would like Ara Christensen, LMFT to process insurance claims for payment for services rendered to me.

I understand further that I have the right to withdraw consent to process PHI for payment of services at any time.

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Client Signature/Printed Name Date