

## Conditions for Admission

### Permission for Treatment

I hereby authorize the clinicians and/or associates or assistants of their choices as well as personnel of 29<sup>th</sup> Street Therapy Center responsible for the care of the patient named on this Record to administer examinations or treatment(s) as may be deemed necessary or advisable based on my medical condition(s). 29<sup>th</sup> Street Therapy Center is a clinical education training facility therefore I authorize students to observe pathology and related services is not an exact science and that no guarantee(s) can be made to me as to the results of the examinations and treatments to be performed.

### Responsibility for Personal Valuables

It is understood that 29<sup>th</sup> Street Therapy Center cannot be held responsible or liable for the loss or damage of personal property including money, jewelry, glasses, dentures, or other personal items of value.

### Release of Medical Information

I further acknowledge and agree that 29<sup>th</sup> Street Therapy Center has the right to disclose all or any part of the patient's record to any person or corporation which is or may be liable under a contract to 29<sup>th</sup> Street Therapy Center or to the patient or to a family member or employer of the patient for all or part of the 29<sup>th</sup> Street Therapy Center's charges, including but not limited to hospital or medical service companies, insurance companies (if applicable), workers' compensation carriers, welfare funds, or the patient's employer. A copy of the record is available to the practitioner or medical organization providing follow-up care, treatment, and services.

The information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include but are not limited to diseases such as hepatitis, syphilis, gonorrhea, and the human immunodeficiency virus, also known as acquired immune deficiency syndrome (AIDS).

### Assignment of Benefits

In consideration for services rendered or to be rendered by 29<sup>th</sup> Street Therapy Center for examinations or treatments, I hereby assign to the said 29<sup>th</sup> Street Therapy Center the benefits due me covering evaluation or treatment expenses insofar as they are necessary to cover such expense. At the present time 29<sup>th</sup> Street Therapy Center does not take insurance reimbursement. 29<sup>th</sup> Street Therapy Center will prepare all documents necessary for submission to individual(s) insurance, or other pay source. Therefore, where applicable, I will be responsible to 29<sup>th</sup> Street Therapy Center for payment of the entire bill. \_\_\_\_\_ (Initials)

### Acknowledgment

Items in this Authorization For Medical Treatment have been fully explained to me and I certify that I understand its contents; therefore permission is hereby granted for examination and treatment deemed necessary and advisable during this visit. \_\_\_\_\_ (Initials)

I have been given a copy of the *Notice of Privacy Practices for 29<sup>th</sup> Street Therapy Center* \_\_\_\_\_ (Initials)

Date \_\_\_\_\_

Time \_\_\_\_\_

Patient Name \_\_\_\_\_

Witness \_\_\_\_\_

Designee Name/Relationship to Patient \_\_\_\_\_