

# **THE THERAPY CONSORTIUM**

Fax #: (866)-571-1014 Phone: (843)-455-7505

**DBA: SPEECH AND LANGUAGE THERAPY SERVICES**

*Consent to Release/Obtain Information/Payment/ Treat  
& Acknowledgment That You Have Received Our HIPAA Privacy Notice*

I have been informed of the use and release of information collected through services received in regards to:

\_\_\_\_\_. I request that copies of information in regards to my child be released to/from:  
(patient's full name)

1. \_\_\_\_\_, 2. \_\_\_\_\_  
(Child's Doctor) (Payer/Insurance)

3. \_\_\_\_\_, 4. \_\_\_\_\_  
(Other Doctors) (School-if Appropriate/Daycare)

5. \_\_\_\_\_, 6. \_\_\_\_\_  
(Babynet- if applicable) (Other)

(Please read the following and then **Initial Below**)

\_\_\_\_\_ I request that payment of authorized Medicaid and third party payer's benefit be made to Therapy Consortium Inc. on my behalf for services furnished to me.

\_\_\_\_\_ I authorize Therapy Consortium Inc. to release any medical information about me that may be needed to determine these benefits payable for related services.

\_\_\_\_\_ I understand that I will **not** be billed for any Medicaid services furnished to me which were billed to Medicaid during the time I had Medicaid coverage for those services.

\_\_\_\_\_ I understand that Therapy Consortium Inc. is required by law to give me a copy of the privacy notice. I understand how my health information may be used and shared.

\_\_\_\_\_ I understand that Therapy Consortium Inc. is required by law to keep my health information safe. This information may include:

- Notes from your doctor, teacher, or other health care provider
- Your medical history & any treatment notes
- Test Results
- Insurance information

By signing this page you consent to have your child treated by Therapy Consortium Inc for Speech, Occupational and Physical Therapy Services and that you have been given a copy of our privacy notice.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date