

Brooke Schmaling, LCSW

180 Providence Road, Suite 9
Chapel Hill, North Carolina 27514
Telephone: 203-671-0275

Assignment of Benefits

Release of Information to Insurance Carrier

Client Name

Date of Birth

Date of First Contact

In consideration of therapeutic care provided to me or the above minor, I, as subscriber or insured, assign to Brooke Schmaling, LCSW all medical/mental health benefits applicable to this affiliation and instruct the insurance companies of third party payment programs to make payment directly to Brooke Schmaling, LCSW.

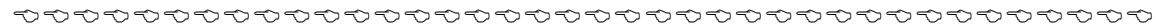
Signature of Policyholder or Insured

Date

Signature of Witness

Date

Insurance Company Name and Address:



Release of Information to Insurance Carriers:

I authorize Brooke Schmaling, LCSW to furnish the above-named insurance carrier(s) with whatever information requested including photocopies of the medical record, which may contain information regarding drug and alcohol abuse treatment. This consent will expire one year after the relationship ends.

I understand that I may revoke this consent for release of information at any time, except to the extent that action has been taken in reliance upon this consent. This consent is not revocable if there has been provision of treatment.

I understand that records which contain information about alcohol and drug abuse treatment are protected by federal government regulation 42CFR part 2: Confidentiality of Alcohol and Drug Abuse Patient Records.

I grant Brooke Schmaling, LCSW permission to release any information obtained during assessments or treatment which is necessary to support insurance claims for my/our treatment. I understand that I am responsible for all charges, regardless of insurance coverage.

Signature of Client (guardian if under 16)

Relationship

Date