

**REGARDING MANAGED CARE AND YOUR PRIVACY:** Many insurance companies use the services of managers to monitor use of mental health benefits for their insureds. In order for you to use your benefits it may be necessary for me to provide a **detailed disclosure of your record** to a case manager or other employee of a managed care or insurance company. I cannot be responsible for the use of clinical information about you by an insurance company, managed care company, firms contracting with those companies, or their employees.

You may see whomever you wish for as short or long a time as you wish. Your managed care company, however, may tell you that you cannot. That is not true. What is true is that they **MAY NOT PAY** for you to see anyone you want, and, so, you may have to pay out-of-pocket for such services. That may not be as bad as it sounds.

Some people are choosing to forego utilizing their mental health insurance altogether. Some of the advantages are:

- Privacy is maintained. There are no computer records of your confidential information which may be available to any person who has access, legitimate or otherwise, within the bureaucracy. There is no risk of any paperwork coming through the personnel office of your employer.
- You and I make decisions about your care. No one else second-guesses your decisions and limits your options.
- Your paperwork is reduced. My paperwork is reduced.

**PLEASE READ AND SIGN ONLY ONE OF THE FOLLOWING STATEMENTS!!**

**In order to safeguard your privacy, you may elect to self-pay your mental health bills.**

**IF YOU DO NOT WANT YOUR CHARGES TO BE BILLED TO YOUR INSURANCE COMPANY, read and sign the following statement.**

***PATIENT FINANCIAL RESPONSIBILITY STATEMENT***

*I understand that mental health services provided to me by \_\_\_\_\_ may or may not be covered by my health care insurer. I am choosing to have all services billed to me directly and ask that no claims be submitted to my insurance carrier. I agree that I am financially liable for all expenses incurred.*

**THEREFORE, I DO NOT WANT INSURANCE CLAIMS TO BE FILED:**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

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**IF YOU WISH FOR CLAIMS TO BE SUBMITTED TO YOUR INSURANCE COMPANY, read and sign the following statement:**

***RELEASE TO INSURANCE COMPANIES:*** *I request the payment of authorized benefits be made on my behalf to my therapist for any services furnished by my therapist. I authorize Stonestreet Professional Offices and my therapist to release to my insurance company and its agents via direct mail, telephone, fax or electronic submission, information about me and my treatment process in order to determine the benefits payable for related services. I recognize that insurance benefits are limited, that I am financially responsible for noncovered expenses and that a psychological diagnosis must accompany requests for payable benefits. I also understand that additional information is often requested by insurance companies as claims are processed. I have read "Regarding Managed Care and Your Privacy" and understand its contents.*

**THEREFORE, I DO WANT INSURANCE CLAIMS TO BE FILED:**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**If you have concerns or questions regarding any of the preceding information, please be certain to discuss them with me!**