Therapeutic Services Agency
Incorporated
Since 1978

220 Railroad Street SE Pine City, MN 55063
Phone (320) 629-7600 Fax (320) 629-7900

Authorized Consent to Treatment and Payment
Acknowledgement of Receipt of Notice of Privacy Practice
Authorization For The Release/Exchange of Information

Name of Individual: _____ Date:_____

Individual Name (or Legal Representative): _____

Individual's (or Legal Representative's) Signature:_____

Please initial 1-5, which corresponds to your signature above to indicate understanding and consent:

1. _____ I acknowledge receipt of a copy of Therapeutic Services Agency, Inc. (TSA) **Notice of Privacy Practice.**

2. _____ I understand the service that will be provided and **consent to treatment.**

3. _____ I hereby **authorize payment** directly to TSA of the policy benefits otherwise payable to me, but not to exceed the provider's regular charges for the period of treatment. I understand that I am financially responsible to TSA for all charges not covered by my current benefits and all co-pays are due at time of service.

4. I authorize TSA to release/exchange information with:

_____ Primary Care Clinic: _____

_____ Primary Insurance: _____

5. _____ I understand that my possible **financial obligation** is as follows:

Co-payment/session $_____ Co-insurance/session %_____ Deductible/year $ _____

These values are determined by insurance benefit/obligation information provided. All insurance benefits/obligations quoted are a general outline of coverage, not a guarantee of payment/coverage, and coverage is subject to all other terms, conditions, authorizations, network requirements and definitions in the subscriber and provider contracts.

You are responsible to advise TSA of any insurance change or loss of coverage. Should you secure services without coverage it is your responsibility to pay TSA for services received.

This authorization automatically expires, unless otherwise provided by state law, on (specific date): _____
(1 year from date of signature above)

For Office Use Only

We made the following efforts to obtain written acknowledgement of receipt of the *Notice of Privacy Practices:*
_____

However, acknowledgement could not be obtained because:

- □ Individual refused to sign
- □ Communication barriers prohibited obtaining the acknowledgement
- □ An emergency situation prevented us from obtaining acknowledgement
- □ Other (please specify): _____

Received by: _____ _____
(Staff Name) **Date**