

Elizabeth T. Rieger, MSW LISW-S, LLC
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Authorization to Release PHI from Elizabeth T. Rieger, MSW LISW-S, LLC for Insurance Billing

This when completed by you, authorizes Elizabeth T. Rieger, MSW LISW-S, LLC to release protected health information from your medical record to your insurance company and their designated utilization review, managed care, and/or claims payment subdivisions and/or business associates.

Client Name: _____ Client I.D. _____ D.O.B: _____

I authorize Elizabeth T. Rieger, MSW LISW-S, LLC., to release the following information:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Assessment and Diagnostic Impression | <input checked="" type="checkbox"/> Treatment Plan and/or Outcome |
| <input checked="" type="checkbox"/> Medications Used and Response to the Medication | <input checked="" type="checkbox"/> Treatment Dates and Times |
| <input checked="" type="checkbox"/> Assessment of Client's Substance Use/Abuse and Recovery | <input checked="" type="checkbox"/> Client Identifying Information |
| <input checked="" type="checkbox"/> Recommendations for Follow-up | <input checked="" type="checkbox"/> Indicators of Progress |
| <input checked="" type="checkbox"/> Psychosocial History | <input checked="" type="checkbox"/> Psychological Evaluation |
| <input checked="" type="checkbox"/> Admission Summary | <input checked="" type="checkbox"/> Discharge Summary |

This information should only be released to the following insurers and/or their designees:

I am permitting Elizabeth T. Rieger, MSW LISW-S, LLC to release this information for the purpose of utilizing my medical benefits to help with payment on my account for professional services rendered by Elizabeth T. Rieger of Elizabeth T. Rieger, MISW LISW-S, LLC. This authorization shall remain in effect until all claims have been settled. You have the right to revoke this authorization, in writing, at any time by sending such written notification to the above office address. However, your revocation will not be effective to the extent that Elizabeth T. Rieger MISW LISW-S, LLC has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. Also, revocation of this consent will render the signee and/or guardians responsible for payment in full on this account.

I understand that Elizabeth T. Rieger generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient your information and no longer protected by the HIPAA Privacy Rule.

I release Elizabeth T. Rieger, MISW LISW-S, LLC. and its personnel from any legal liability resulting from the release of this information with the understanding that Elizabeth T. Rieger, MISW LISW-S, LLC. personnel will exercise reasonable professional safeguards regarding this information.

I have read and understand this document.

Signed this _____ day of _____, 201_____.

Signature of Client(s) _____

Signature of Parent/Guardian, if applicable _____

Signature of Witness _____