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<b>Client Name:</b>	<b>Client Date of Birth:</b> ____/____/____	<b>Client Chart Number:</b>
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## Financial Agreement-Insurance Release

### HEALTH INSURANCE RELEASE & ASSIGNMENT OF BENEFITS

In connection with my services at SOLUTIONS Behavioral Healthcare Professionals:

I authorize SOLUTIONS to disclose Protected Health Information to provide, coordinate or manage my care with my health insurance provider.

SOLUTIONS will provide requested medical record information, including diagnosis, intake assessment, treatment plan, progress notes, dates, type and provider of service for purposes of prior authorization, billing, and processing of claims.

I understand that demographic or clinical information may be provided to government agencies, intermediaries, insurance companies, and/or carriers who may be responsible for my continuing care.

I hereby authorize, from this day forward, any insurance company to whom I subscribe to, pay SOLUTIONS directly for services rendered to me.

I accept full responsibility for notifying SOLUTIONS immediately of any changes in my insurance coverage while receiving care. Failure to do so on my part will result in my being fully responsible for any non-covered charges. I understand that should I become ineligible for Medical Assistance I am financially responsible for charges incurred.

This consent will automatically expire one year from the date of my signature.

See Minnesota Statutes Chapter 325L, Uniform Electronic Transactions Act and North Dakota Century Code Chapter 9-16, Electronic Transactions.

- a.) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- b.) A contract may not be denied legal effect or enforceability solely because an electronic record was used for its formation.
- c.) If a law requires a record to be in writing, an electronic record satisfies the law.
- d.) If a law requires a signature, an electronic signature satisfied the law.

<b>Signature of Client or Parent/Guardian:</b>	<b>Printed Name of Signer:</b>	<b>Date of Signature:</b> ____/____/____
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