HEALTHCARE CONSENT TO TREAT / ASSIGNMENT OF BENEFITS

Client Name (Please print) Client Birthdate

Legal Guardian(s) Name (Please print)

Please ask questions if you do not understand any of the following sections.

Consent For Treatment

I hereby consent to healthcare for the above-named client provided by Fraser, which may include routine diagnostic procedures, and such treatment as the named practitioner or other Fraser clinical staff consider to be necessary. I am aware that healthcare is not an exact science, and I acknowledge that no guarantees have been made to me concerning examinations or treatments from this provider.

I understand that:

- It is customary, except in emergency or extraordinary circumstances, that no substantial procedures are performed upon a client unless and until the client or responsible party has had an opportunity to discuss them with the clinician or other health professional to the satisfaction of the client or responsible party.
- Each client or responsible party has the right to consent, or refuse consent, to any proposed procedure or treatment.

My signature below acknowledges that I give my consent for Fraser to provide treatment.

Release of Health Information

I consent to the release of (verbal, written, and electronic) health information, with the exception of psychotherapy notes, to be released to health providers and others involved in the client's treatment, and for the purpose of Fraser's healthcare operations.

Examples of individuals to whom disclosures are permitted under this consent include family members and persons that are involved in the client's care; or to those who process payment for the services. For example, we need to give information about services the client received to your health plan to obtain payment.

I understand that these records are protected under Minnesota state laws, HIPAA regulations, and cannot be disclosed without my written authorization unless otherwise provided by law.

I understand that this will be in effect for a period of one (1) year following the date of signature. I may revoke or amend this document only by written notice to Fraser.

I consent for Fraser to release any information from the above-named client's health records to Medical Assistance, other governmental payers, private health insurance companies or plans, or organizations acting on my behalf, as may be necessary to determine benefits and process claims.

FRASER
Special needs ★ Bright futures®

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Acknowledgement of Receipt of HIPAA Privacy Practice

I hereby acknowledge that a copy of Fraser's Notice of Privacy Practices ("Notice") has been made available to me:

- The Notice explains in more detail how Fraser may use and share my/my child's health information for other than treatment, payment, and heath care operations.
- Fraser will also use and share my health information as required/permitted by law.
- I have been given the opportunity to ask any questions I have regarding this notice.

UBH and Medica Clients

I acknowledge and consent that I/my child may be treated by a Fraser provider who is not credentialed by UBH/Medica. Services will be provided under the clinical supervision of a UBH/Medica-credentialed Supervising Provider, within the preferred practice guidelines of UBH/Medica. I understand that the UBH/Medica payment and benefit level will be the same as if the client was treated by a credentialed provider.

Assignment for Direct Payment / Guarantee of Account

I authorize my insurance company to assign the amount payable under my health insurance contract directly to Fraser. **I acknowledge** that co-payment is due and payable on the date I receive the service. **I understand** that I am financially responsible for all charges that are not covered by my private insurance policy.

I also understand that I am responsible for knowing the benefits covered under my private insurance plan.

I understand that I need to notify Fraser if there are changes in my healthcare insurance, or legal changes that affect my/my child's welfare.

Signature of client or client's representative **Date**

PRINT name of client's representative **Relationship**