

William Ballantyne, Psy.D.

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CONSENT TO TREATMENT

ADULT

Under the *Health Insurance Portability and Accountability Act (HIPPA)* that became law on 4/14/2003, all clients (or their legal guardians) must sign Consent to Treatment forms and be given at least an abbreviated form of the Patients' Rights laws. Releases to protect confidentiality always have been required by the mental health Code of Ethics.

I GIVE MY CONSENT TO TREATMENT BY DR. BALLANTYNE. THIS ALSO MEANS I CONSENT TO DR. BALLANTYNE'S RIGHT TO COLLECT REIMBURSEMENT FOR THESE SERVICES FROM THE NAMED SOURCE (insurance, personal) _____ AND TO SHARE HEALTH INFORMATION WITH OTHER PROFESSIONALS SPECIFICALLY NAMED IN THE RELEASE FORMS I HAVE SIGNED.

Date

Signature

Date

Witness

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I have received an outline of Patients' Rights prepared under the 4/14/03 HIPPA regulations for the State of Vermont and have been informed that further explanation of patients' rights is available in a 15-page document on request.

Date

Signature

Date

Witness