

William Ballantyne, Psy.D.

Licensed Psychologist VT & NH

Office Location: "The Mill" -
Maxham Meadow Way Woodstock VT 05091
Mailing Address: 2 Runnemed Lane Windsor VT 05089
Telephone: (802) 296-1211

CONSENT TO TREATMENT
CHILD

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 _____, PARENT/GUARDIAN

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

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

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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

Parent/Guardian Signature

Date

Parent/Guardian Signature