

Patient Agreements and Authorizations
Adrienne M. Balsam, M.D.S.C

Consent for Treatment: I hereby consent to the treatment provided by Adrienne M. Balsam, M.D.S.C. and its employees' designees. I authorize the mental and physical health care services deemed necessary or advisable by my caregivers to address my needs.

X _____

Privacy Policy: I acknowledge having received the Practice's "Notice of Privacy Policies." My rights, including the right to see and copy my record to limit disclosure of my health information and to request an amendment to my record are explained in the policy. I understand that I may revoke my consent for the release of my health care information, except to the extent the Practice has already made disclosures about my prior consent.

X _____

Patient or Authorized Person Signature

Date

Patient unable to sign. Verbal consent given.

Reason:

_____ -