



3101 Clearwater Drive, Suite D • Prescott, AZ 86305 • 928.445.5639

AUTHORIZATIONS AND AGREEMENTS

1. **RELEASE OF PRIVILEGED INFORMATION:** Svassama may disclose all or any part of the patient's record pertaining to the therapy to any person or corporation which is or may be liable under a contract to Svassama or to the patient or to a family member or employer of the patient for all or part of Svassama's charge, including but not limited to, hospital or medical service companies, workers' compensation carriers or welfare funds. I understand that, under Arizona law, if a workers' compensation claim is filed with respect to this therapy, information obtained by any physician or surgeon examining or treating the patient is not considered a privileged communication, such information is requested by interested parties for a proper understanding of the case and a determination of the rights involved, and that Svassama records of the patient concerning the industrial claim are not considered privileged if requested by any interested party in order to determine the rights involved. Svassama may disclose any information concerning my case which is necessary or appropriate for medical research.

2. **ASSIGNMENT OF INSURANCE BENEFITS:** In the event the undersigned is entitled to Svassama benefits of any type whatsoever arising out of any policy of insurance insuring patient or any other party liable to patient, said benefits are hereby assigned to Svassama for application on patient's bills, and it is agreed that Svassama may receipt for any such payment and such payment shall discharge the said insurance company of any and all obligations under the policy to the extent of such payment, the undersigned and patient being responsible for charges not covered by this assignment.

3. **FINANCIAL AGREEMENT:** The undersigned agrees, whether he signs as agent or as patient, and whether or not he is insured or is a member of a health maintenance organization, that in consideration of the services to be rendered to the patient, he hereby individually obligates himself to pay the account of Svassama in accordance with the regular rates and terms of Svassama. Should the account be referred to any attorney for collection, the undersigned shall pay reasonable attorney's fees, collection expenses, and interest if applied.

4. **MANAGED CARE PLAN OBLIGATION:** The undersigned agrees that he/she will assist Svassama in obtaining any pre-authorization that is required by his/her insurance or service plan. This includes providing Svassama with a current copy of a health insurance ID card.

Patient Signature _____ Date _____

(if patient is a minor or unable to sign, complete the following:)

Patient is a Minor _____ Mother or Father _____

(female or male)

Legal Guardian _____ Power of Attorney _____

Witness _____