

Weber Behavioral Health

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Consent to Disclose

Name of Client: _____

I, the undersigned, having made application for treatment with Weber Behavioral Health hereby authorize the organization and its employees and representatives to make the following communications and disclosures subject to limitation set forth below:

1. **Person/organizations to receive communications and disclosures:** I hereby authorize communications and disclosures to the persons or entities indicated below, and their agents and representatives:

___ Insurance company (specify) _____

___ Employer (specify) _____

___ Other (specify) _____

___ Primary Care Physician _____

If I am a minor or am married, I further authorize communications and disclosures to my parents and guardians, or to my spouse, as the case may be. Also in the event that any form of lawsuit may be necessary to obtain payment of expenses incurred during my treatment, all necessary communications or disclosures to the court and the parties to the lawsuit are hereby authorized.

2. **Purpose of the communications and disclosures:** The communications and disclosures shall be made for the purposes of (a) verifying financial responsibility, insurance coverage, or other means of payment of the expenses which are incurred during my treatment: and (b) discussing, arranging for, and obtaining payment of those expenses.
3. **Extent of communications and disclosures authorized:** This authorization shall permit all written or oral communications, and the provision of all documents, which are reasonably necessary to enable Weber Behavioral Health to fulfill the purpose set forth above.
4. **Revocation and expirations:** This authorization is revocable at anytime, and shall automatically terminate upon the denial of my application for admission to, or upon discharge from Weber Behavioral Health that this authorization may not be revoked and shall not terminate as to communications or disclosures previously made which are reasonable necessary for the collection of expenses which have incurred prior to the revocation or termination.

Client or Guardian Signature

Relationship to Client

Date

Provider or Witness

Date