

**All fields marked with an asterisk are required.
If any of these fields are incomplete, the form will be considered invalid.**

<p>Client Information</p> <p>Please print legibly.</p>	<p>Name*: _____ Date of Birth*: _____</p> <p>Other Names Used: _____ Phone Number: _____</p>										
<p>Insurance Company Information/TPA*</p> <p>With Whom may The Emily Program (TEP), Veritas Collaborative (Veritas) and/or its management company, TEP Management Company (collectively, "The Emily Program") share your information?</p>	<p>_____ Name of Insurance Company/Third Party Administrator*</p> <p>_____ Phone Number _____ Fax Number or Email Address _____</p> <p>_____ Address (street, city, state, zip code)</p>										
<p>Communication</p> <p>How will TEP and Veritas share your information?</p>	<p>I authorize TEP and Veritas to exchange the information indicated below by verbal communication, or by sending and requesting paper copies via US mail, fax, or encrypted email.</p>										
<p>Information to be Released</p> <p>What is to be released?</p>	<p>I authorize TEP and Veritas to release ALL information pertaining my treatment, including, but not limited to:</p> <table border="0"> <tr> <td>Initial Evaluations/Assessments</td> <td>Individual, Family, and Group Therapy Notes</td> </tr> <tr> <td>Treatment Plans</td> <td>Psychiatry Notes</td> </tr> <tr> <td>Discharge & Transition Summaries</td> <td>Medication List</td> </tr> <tr> <td>Nutrition Notes/Meal Plan</td> <td>Education Notes</td> </tr> <tr> <td>Medical Notes/Labs/EKGs</td> <td>Administrative Records (e.g., appointments, billing, demographic information, etc.)</td> </tr> </table>	Initial Evaluations/Assessments	Individual, Family, and Group Therapy Notes	Treatment Plans	Psychiatry Notes	Discharge & Transition Summaries	Medication List	Nutrition Notes/Meal Plan	Education Notes	Medical Notes/Labs/EKGs	Administrative Records (e.g., appointments, billing, demographic information, etc.)
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Medical Notes/Labs/EKGs	Administrative Records (e.g., appointments, billing, demographic information, etc.)										
<p>Purpose of the Release of Information</p> <p>Why is the release needed?</p>	<p>I understand the purpose of this release is to file, process, and support insurance claim(s), obtain authorization, communicate information needed to substantiate the claim and participate in the review process to determine medical necessity for my level of care and continued stay.</p>										

Statement of Authorization: I understand that:

- The above information may be exchanged with my insurance company or their third-party administrators processing claims on their behalf.
- I may revoke this consent at any time, except to the extent that TEP and/or Veritas has already acted in reliance on it, by providing a completed Request for Revocation of ROI to TEP and/or Veritas at the address listed below. If I revoke this authorization, I will be responsible for payment in full of all my treatment costs to the extent they are not otherwise paid on my behalf. **This consent automatically expires three (3) years after my last date of service at TEP or Veritas.**
- I have been informed what information will be released, its purpose and who will receive the information, and I may inspect or copy the protected health information to be used or disclosed under this authorization per applicable state and federal laws.
- I understand that any substance use disorder treatment and diagnosis records are protected under federal regulation 42 CFR Part 2 and disclosure is allowed only with this specific authorization, except in limited circumstances as stated in TEP and Veritas' Notice of Privacy Practices and Informed Consent.
- Federal confidentiality regulations (42 CFR Part 2) prohibit re-disclosure of information from substance use disorder records. However, HIPAA requires TEP and Veritas to notify me that information disclosed pursuant to this authorization might be re-disclosed by the recipient and is no longer protected by HIPAA.
- I understand that I may refuse to sign this authorization. TEP and Veritas will not condition treatment based on whether I sign this authorization. I understand if I refuse to sign this authorization, I am electing to self-pay for services at TEP and/or Veritas as specified in the Financial Policy Agreement.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND THIS AUTHORIZATION FORM AND AUTHORIZE TEP AND VERITAS TO RELEASE THE ABOVE SPECIFIED INFORMATION TO THE PARTY IDENTIFIED ABOVE FOR THE PURPOSE IDENTIFIED ABOVE.

Client Signature or Parent/Guardian/Legal Representative Signature* Date*

Parent/Guardian/Legal Representative Printed Name (if applicable) Relationship to Client

<p>The Emily Program Attn: Medical Records 1295 Bandana Blvd West, Suite 210 Saint Paul, MN 55108 F: (844) 358-8782</p>	<p>Veritas Collaborative Attn: Medical Records 4024 Stirrup Creek Dr Durham, NC 27703 F: (919) 205-4390</p>
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Release of Information for Payment and Reimbursement Purposes (Financial ROI) FAQ

What is a Financial ROI Form and what is it for?

A Financial Release of Information Form documents your consent for The Emily Program (TEP) and/or Veritas Collaborative (Veritas) to share information regarding your treatment to your insurance provider. It is necessary for TEP and/or Veritas to share this information so that your insurance provider can file, process, and support insurance claims.

Why is a Financial ROI needed?

To comply with federal health care laws and to ensure your continued right to privacy, TEP and Veritas must obtain your consent in writing before communicating with your insurance provider about you or the services you are receiving at TEP and/or Veritas.

For how long is this ROI valid?

The Financial ROI is valid for three (3) years from your last date of service at TEP or Veritas, unless you revoke the ROI prior to that date.

What if I/we decide not to fill out an ROI?

If you decline to fill out a ROI for your insurer, TEP and/or Veritas will not be able to bill the insurer for your services and you will be financially responsible for all services and charges incurred while obtaining eating disorder treatment at TEP and/or Veritas. Declining to complete a Financial ROI means that you are electing to self-pay for services at TEP and/or Veritas as specified in the Financial Policy Agreement.

How can I revoke my consent?

Financial ROI's can be revoked before their expiration date. To do this, please complete the Request for Revocation of Release of Information form available on our website and return it to the Medical Records department at TEP or Veritas. Completed forms that are received will be kept in your chart as record of the revocation.