



HOME PSYCH SERVICES, P.C.

Quality Behavioral Healthcare  
in the Comfort of Your Home™

## CONSENT FOR SERVICES

By attesting either orally or in writing to this CONSENT FOR SERVICES form, you are stating that you understand and agree to the provisions contained herein.

This CONSENT FOR SERVICES form states that 1) you are entering into evaluation, consultation, and treatment services voluntarily under the care of Home Psych Services, P.C. (hereafter, HPS) and its independent associates or 2) if you have not voluntarily entered into services with HPS, HPS has obtained consent for services from your Medical Power of Attorney (MPOA), Duly-Appointed Guardian, or other legal representative and / or you have been declared incompetent to refuse HPS's services which are deemed to be in your best interest.

Payment for HPS's services is made either privately or through third party agencies – like your health insurance company or Medicare. HPS is a preferred provider with Blue Cross / Blue Shield (BCBS) and Medicare. HPS agrees to accept Medicare Part B assignment for payment in full of its services – meaning that HPS will not charge you, personally, for any fees over and above what Medicare Part B allows for its services as determined by Federal Law. As an in-network provider for BCBS, HPS agrees to waive any difference between its contracted reimbursement rates and its usual and customary fees. Please be advised, though, that filing insurance claims is NOT A GUARANTEE of payment. Ultimately, you are fully and completely responsible for any charges incurred for HPS's services that are not covered by your insurance. If insurance is used in whole or in part to pay for HPS's services only a DATE OF SERVICE and DIAGNOSIS CODE will be submitted to the insurance company as required by law. All other disclosures of personal health information are covered under the HIPPA RIGHTS form made available to you upon request.

CLIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

[www.homepsychservices.com](http://www.homepsychservices.com)



HOME PSYCH SERVICES, P.C.

Quality Behavioral Healthcare  
in the Comfort of Your Home™

I consent for services with Home Psych Services, P.C.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Today's Date

Client consents to services but is unable to sign CONSENT FOR SERVICES form (MPOA, Legal Guardian, or other Duly-Appointed Legal Representative signature required)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Witness / MPOA / Guardian Signature

\_\_\_\_\_  
Today's Date

Client does not consent for services, but is believed to require services and / or is judged to be incompetent to refuse Home Psych's services that are deemed to be in his / her best interest (TWO MPOA, Legal Guardian, or other Duly-Appointed Legal Representative signatures required)

\_\_\_\_\_  
Witness / MPOA / Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Witness / MPOA / Guardian Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Today's Date