



PRIVACY DISCLOSURE INFORMATION

PATIENT LABEL

3-Hole 1/4 4 1/4 c-to-c

The Intensive Outpatient Program at Prince William Health System adheres to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We wish to provide you with a safe confidential setting where your Personal Health Information is only released with your written consent and the consent of your provider.

We would like to have you complete the following items to ensure your privacy and confidentiality.

I would like to be called at this number _____ for messages from The Intensive Outpatient Program Staff.

I would like any written correspondence or billing correspondence sent to this address.

This address is different from my home address.

When treatment has terminated (completion / non compliance), a discharge summary is completed. If you are not present to receive the discharge summary, you may call 703-369-8404 to have a copy made available to you. It will be necessary to complete a consent to release information and to show positive proof of identification to receive the discharge summary. Please note programming hours carefully. If you miss or reschedule an appointment without the 24 hour advanced notice, you can be subject to a missed session charge. The charges are as follows:

Missed IOP Evaluation Appt. with Therapist: \$100.00

Missed IOP session: \$ 50.00 per night

Keep in mind that insurance companies do not pay for missed sessions and they will be billed to you. Should you change your contact information it is your responsibility to notify IOP staff with your updated information.

Patient/Responsible Party Signature _____ Date _____

Clinician Signature _____ Date _____