
Jose Calderon-Abbo, MD, LLC

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AUTHORIZATION FOR EVALUATION AND TREATMENT: On behalf of myself, I hereby authorize Jose Calderon-Abbo, MD to provide mental health services and administer treatment.

CONFIDENTIALITY STATEMENT: Information (either verbal or written) regarding my treatment may be released to others with my specific written consent, by court order, or when, in the opinion of my clinician, I am in a crisis situation and a release of information would be necessary to protect my safety and/or the safety of others.

FEE POLICY and NO SHOW POLICY: A fee will be charged for all scheduled sessions. Payment of all fees, deductibles and/or co-pays is required at the time of office visits unless other arrangements have been made prior to the scheduled appointment. It is my responsibility to arrive on time for my appointments, as I understand that a specific amount of time has been allotted to me. **Cancellations must be made 24 hours in advance or I will be responsible for payment for the missed session at 100% of the full fee. Insurance cannot be billed for missed appointments.** Exceptions to this policy are at the clinician's discretion.

There are several reasons for this policy. A scheduled appointment means that a specific amount of time is reserved for you by your clinician. Twenty-four hours notice will allow the clinician to offer that time slot to another client who is in need of care.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize Jose Calderon-Abbo, MD to release all or part of my record (including alcohol or substance abuse, if applicable) to such insurance company, health care plan administrator, worker's compensation carrier, welfare agencies, or their intermediaries or carriers, or any other person or corporation which is or may be liable under contract or assignment of benefits to Jose Calderon-Abbo, MD for all or any part of my charges.

I understand that this clinic may be required to provide a report of the initial evaluation or consultation to my referring physician with my written consent.

CLIENT STATEMENT: I have read and fully understand and agree with the above policy and conditions.

CLIENT SIGNATURE

DATE

WITNESS

DATE