



Notice and Acknowledgment

Brief Overview of HIPAA Requirements:

The goal of the HIPAA privacy rule is to protect patients' right to confidentiality in matters involving their healthcare. In general, the privacy rule does the following:

Provides restrictions on uses and disclosures of patient health information. The privacy rule sets forth the instances in which protected patient information can be used within this practice or disclosed to outside parties.

Creates individual patient rights to inspect and copy their records, to amend erroneous information, to request certain restrictions on the use and disclosure of patient information, to file written complaints, and to receive notice of a provider's privacy policy.

Greenwich Psych, PC has implemented privacy policies and procedures to comply with the HIPAA regulations to protect patients' right to confidentiality.

Acknowledgment:

I acknowledge that I have received the attached Notice of Privacy Practices.

Patient's Name

Date of Birth

Patient's Signature

Date

Guardian's Signature (if patient is a minor)

Date



Financial Agreement

I agree to place my self under the care of Dr. _____.
I understand that it is my obligation to pay for services as they are incurred and that Greenwich Psych, PC will not be able to continue treating patients who cannot pay on a timely basis. In such case, we will supply me with names of other practitioners who could continue to provide psychiatric treatment.

Nonetheless, Greenwich Psych, PC has agreed to continue our treatment plan while I make payments over time. I understand that Greenwich Psych, PC is extending credit to me personally for this arrangement, and I will pay all charges incurred in this treatment plan.

If I fail to make a payment plan with Greenwich Psych, PC, or if I fail to maintain the payment plan once agreed upon, I understand that I am in breach of this agreement and Greenwich Psych, PC may use third party collection agents to collect any outstanding debt incurred by me. Unless I notify Greenwich Psych, PC in writing within 30 days of billing that I dispute an amount charged, I agree to be liable for the entire amount of the invoice. I also agree to be responsible for any costs of collection, including reasonable attorneys' fees and reasonable interest.

William Dickson

6/12/24

Signature

Date signed

046-02-0023

William Dickson

SSN

Print Name