

CHARIS Counseling Associates  
11802 N.E. 117th Avenue  
Vancouver, WA 98662  
(360) 891-2000

**ATTACH COPY OF INSURANCE CARD**

**RELEASE OF INFORMATION FOR HEALTH INSURANCE**

Insurance companies require counselors to submit client information, including but not limited to diagnosis, type of treatment, dates of service, copies of chart notes, justifications for treatment, progress reports, and financial information. Once information is released to an insurance company, CHARIS has no control over who is able to access that information. Therefore, if you choose to use insurance to cover a portion of your treatment cost, you will be waiving your right to confidentiality with regards to the information sent to your insurance company. Your insurance may assist you with treatment cost only if you allow a release of information.

As a convenience to you, CHARIS will bill your insurance company. You remain fully responsible for all financial obligations, regardless of insurance coverage. The full payment of the Standard Rate is expected at the start of each service until your insurance company sends an Explanation of Benefits (EOB) showing their rate of payment.

By completing and signing this Release of Information for Health Insurance, you are assuming financial responsibility for your account, waiving confidentiality with your insurance company, and giving us permission to bill the insurance company on your behalf.

---

---

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Male Female Single Married Other Employed Full-time Student Part-time Student

Client Address (if different from Personal History): \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Employer or School: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Relationship to Subscriber: self spouse child other

Is client's condition related to: Employment Auto Accident Other Accident Dates of related employment/accident: \_\_\_\_\_

Is there a Secondary Insurance Plan: yes no (If yes, complete an additional form for the second insurance)

---

---

**SUBSCRIBER'S INFORMATION**

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Male Female Single Married Other Employed Full-time Student Part-time Student

Subscriber's Address (If different from Client): \_\_\_\_\_  
Street City State Zip

Subscriber's Phone: \_\_\_\_\_ Subscriber's Employer or School: \_\_\_\_\_

---

---

I/We hereby authorize the release of any medical, mental health, addiction, or other information necessary to process insurance claims. I also request payment of benefits be sent to CHARIS Counseling Associates. I hereby grant permission to CHARIS Counseling Associates to bill my insurance company in the future without me having to sign for this authorization each visit. I/We understand that CHARIS Counseling Associates may use a collection agency and/or legal action to facilitate the recovery on any unpaid balance.

I/We understand that I am responsible for deductibles, any charges rejected, not covered or reimbursed by my insurance company. I agree to pay the full Standard Rate at the start of each session until my insurance company sends an Explanation of Benefits (EOB) showing their rate of payment. Following this, any necessary adjustments to my account will be made. If it becomes necessary to bring about collections of any amount unpaid, I/we agree to pay for all additional costs and expenses, including reasonable attorney fees. Also, I understand that this authorization is valid until withdrawn by me in writing, and that I may revoke this release at any time except to the extent that action has already taken consistent with my prior consent.

I/We acknowledge that I have been provided information regarding confidentiality, office policies, including fees, missed appointments, late cancellations, the right to refuse treatment, and professional information about my counselor in a separate Disclosure Statement.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_