

Creating Choices PC - Deb Lang Psy.D. - Licensed Psychologist
65BW. Kagy Blvd. - Bzn, MT 59715

Please review the referenced documents before completing this page.

Consent for Treatment

I have read and understand the information provided in the Consent for Treatment Form. I understand that I can discontinue this therapy agreement at anytime, but will be responsible for any fees incurred prior to discontinuing treatment. I agree to waive any right to subpoena the therapist to testify in any court proceedings.

Signed _____ Date _____

Cancellation Policy

I have read and agree to the cancellation Policy.

Signature Date

HIPAA

My signature below indicates that I have received or read Deb Lang, PsyD.'s Notice of Policies and Practices to Protect the Privacy of Your Health Information.

Signature _____ Date _____

Insurance Authorization

I authorize the release of any information necessary to process my insurance claim and request payment of insurance benefits either to myself or to Deb Lang, Licensed Psychologist.

Signed _____ Date _____

Release of Information

I give my consent for the release of information to/from Deb Lang, Psy.D. and my primary health care provider (physician, nurse practitioner, etc). ***This is not a requirement for treatment.***

Name of provider

Signed _____ DOB: _____ Date _____