Linda M. Carroll, Ph.D., CCC/SLP
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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (NOPP)

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices (NOPP) and have therefore been advised of how health information about me may be used and disclosed by Linda M. Carroll, Ph.D., CCC/SLP, and how I may obtain access to and control this information.

_____ _____

Patient's Name (Print) ***Date***

_____ _____

Signature of Patient or Personal Representative ***Date***

_____

Description of Personal Representative's Authority

Staff's Signature: _____ Staff's Title: _____

Print Name: _____ Date: _____

CLAIMS AUTHORIZATION FOR ALL PATIENTS

Patient's Name: _____ ***Date:*** _____

I hereby authorize Linda M. Carroll, Ph.D., CCC/SLP, to furnish any and all records, medical history, services rendered or treatment given to me or any dependent for purposes of review, investigation or evaluation of any submitted to any health insurance carrier(s).
I also authorize my insurance carrier(s) to disclose to a health care service plan; self-insurer, or other insurer any medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a group contract held by my employer, an association, trust fund, union or similar entity, this authorization shall become effective immediately upon execution, and shall remain in effect for the duration of any claim or term of coverage with my insurer(s) including a reasonable time hereafter, until its final consummation. This Claims Authorization shall be binding upon my dependents, and our heirs, executors, administrators and me.

Print: _____ ***Date:*** _____
(Patient/Guardian/Relative)
Signature: _____ ***Date:*** _____
(Patient/Guardian/Relative)

ASSIGNMENT OF BENEFITS

I authorize payment of medical benefits to be made on my behalf to Linda M. Carroll, Ph.D., CCC/SLP in this office.

Signature:_____ ***Date:*** _____

NOTE: Photocopy or facsimile shall be considered as effective and valid as the original.