



**CEDAR CENTRE**

PSYCHIATRIC GROUP, L.L.P.  
P.O. Box 1408  
Cedar Rapids, IA 52406-1408 (319)-365-3993

**Patient Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**1) ---AUTHORIZATION FOR TREATMENT**

I have chosen to receive treatment through Cedar Centre Psychiatric Group for myself or my minor child. I understand I may terminate at any time. I understand that treatment is a cooperative effort between myself and my doctor and/or counselor. I understand that I have a right to be fully informed regarding the benefits or potential problems associated with any treatment I may receive. I understand that information collected about me shall be confidential unless a Release of Information is given. Any Release of Information is valid only for the time period indicated and may be rescinded at any time. Exceptions will apply only in circumstances that legally require sharing information.

**2) ---AUTHORIZATION FOR REMINDER CALLS**

I authorize my health care provider to use an automated telephone system. The name of my scheduled treating provider; and the time and place of my scheduled appointment will be disclosed for the limited purpose of contacting me to notify me of a pending appointment. I also authorize my healthcare provider to disclose limited protected health information regarding pending appointments to third parties that may answer my telephone, and leave a reminder message on my voice mail system or answering machine.

**3) ---ACKNOWLEDGMENT OF OFFICE POLICY**

I hereby acknowledge that I was given the opportunity to receive and read a copy of the Cedar Centre Psychiatric Group's Office Policy.

**4) ---ACKNOWLEDGMENT OF PRIVACY POLICY**

I hereby acknowledge that I was advised a copy of the Cedar Centre Psychiatric Group's Notice of Privacy Practices is posted on their website. I also understand I can request a paper copy at any time.

**Acknowledgment and agreement of above numbers #1, #2, #3 & #4**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness