



Chesapeake ADHD Center
of Maryland
Specializing in Attention and Learning Disorders

Client Informed Consent Statement

HIPPA I have been given a copy of the Chesapeake Center Policies which includes in it an explanation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Fees - I have been informed of and agree to the charges for services detailed in the Chesapeake Center Policies document.

Insurance coverage I understand that the Chesapeake Center staff are not Medicare providers and do not serve on any insurance panels. I understand that my health insurance plan may provide out-of-network coverage for Chesapeake Center services and that it is my responsibility to inquire about insurance coverage and to submit insurance claims.

Billing statements I understand that the Chesapeake Center submits invoices on a monthly basis by email and that I must request that a paper copy of my invoice be mailed to me if that is my preference.

Cancellation policy – I understand that I will be charged for cancellations made less than 48 hours in advance or 5 business days for testing appointments except in case of true emergency or in case of clinic closing due to inclement weather.

Confidentiality I understand that my clinician works in a collaborative fashion with the Center staff and may communicate with fellow clinicians about my case, where appropriate, for purposes of peer supervision and oversight.

I understand that my clinician may NOT communicate, verbally or in writing, with any other professional regarding my case without my express written and signed permission **except in specific court-ordered instances outlined in the center policies and procedures document.**

Records review I understand that the Chesapeake Center requests non-original copies of all client records given to us for review. I will not hold the Chesapeake Center liable for the damage or loss of any original records that I have chosen to share with them.

Records retention I understand that in the case of adults, clinical records will not be kept longer than 5 years following the cessation of treatment. In the case of minors, records will be kept for 5 years or until their 21st birthday, whichever is later.

Informed Consent - I certify that it has been explained to me what treatment and/or testing may involve, and that I understood what I was told. I also understand that I have the right to withdraw myself and/or my child from treatment at any time.

Printed Legal Name: _____
First name Last name

Signature: _____
Date

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