

****Complete this form ONLY if your MENTAL HEALTH INSURANCE BENEFITS are with Blue Cross Insurance PPOs, the NC Health Plan, or the Federal Employee Plan.****

(Please note that Dr. Stallings IS NOT a Blue Cross HMO Provider or a Blue Local Provider.)

**Triangle Psychoeducational Consultants, PLLC
Insurance Authorization Form – Dr. Stallings**

When you complete and sign this form, it authorizes me to release and exchange protected information from your clinical record to the person and/or agencies you designate.

I authorize psychologist, Dr. Cheryl Stallings, to release/exchange the following information:

Information to process insurance claims

This information should only be released to/exchanged with:

Blue Cross Blue Shield Insurance Company in Durham, NC and/or any out of state Blue Cross Blue Shield offices associated with my mental health benefits and/or any offices in which Blue Cross Blue Shield contracts to administer my mental health benefits.

Information regarding claims is generally transmitted through US mail. Sometimes information is transmitted through fax and phone/voice mail, and only occasionally through electronic mail.

This authorization shall remain in effect until:

_____ (provide date) **OR**

_____ (“check mark”) is valid as long as the patient is receiving services within the office.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. I understand that information disclosed by this authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Patient (if Patient Age is 18 or Older)

Date

(Signature of Parent of Patient, or Legal Guardian of Patient) Date

Patient Name:_____

Patient Date of Birth:_____

Patient Address:_____