Tom McCabe, MA, LPC *Counseling for adults and mature teens*

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Legal Minor Client Authorization for Insurance and EAP Utilization

I, _____ (Legal Minor Client), hereby authorize Tom McCabe, MA, and his business associates, to release or exchange any medical or other information necessary to obtain insurance or Employee Assistance Program (EAP) reimbursement for my counseling services, including protected health information related to my counseling, with health insurance and EAP plans and their business associates involved in administering health insurance or EAP plans in which I have been, am, or will be enrolled. This authorization covers any and all private and government health plans or EAPs under which I was, am, or will be covered by for any dates on which I received or will receive services from Tom McCabe, MA. I understand that by submitting claims to my health insurance plan or EAP myself, or by asking Tom McCabe, MA, and his business associates to submit claims for me, that I am authorizing my health insurance plans, EAPs and their business associates to review my protected health information, including but not limited to my diagnoses, services received, treatment plans, clinical and functional assessments, and my counselor's progress notes about my counseling. I also understand that if a person other than myself is the subscriber or policyholder for one of my insurance plans or EAPs, that person may receive information from that insurance plan or EAP about my counseling services, including explanation of benefit forms listing dates of service, service codes, diagnoses, and amounts paid.

I also hereby request and authorize payment of insurance, EAP, and government medical benefits either to my parent/guardian or myself or to the party who accepts assignment on claim submissions. I understand and agree that my parent/guardian and I remain responsible for full payment for all counseling services provided to me by Tom McCabe, MA, including those covered by insurance or EAP plans. In addition, by signing below, I authorize Tom McCabe, MA to request preauthorization and submit claims for benefits, for services rendered or for services to be rendered, without obtaining my signature on each and every request or claim to be submitted, and that I will be bound by this signature as though I had personally signed the particular request or claim.

I understand that I am not obligated to sign this authorization or to submit claims to any insurance plan or EAP if my parent/guardian or I pay in full for my counseling services provided by Tom McCabe, MA. If I later revoke this authorization, I understand that such revocation will only apply to services that have not yet been submitted for reimbursement and for which my parent/guardian or I have paid in full.

Legal Minor Client signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Printed parent/guardian name: _____