Lindner Center of HOPE | UC Health

OUTPATIENT SERVICES
ACKNOWLEDGEMENT OF PATIENT INFORMATION

Patient Name: _____ DOB: _____

SS#: _____ MR# _____

By signing this form, I am acknowledging that I have received a copy of the information listed below.

1. Consent for Outpatient Treatment
2. Outpatient Handbook, which includes:
   - Patient's Rights
   - Grievance Policy and Process
   - HIPAA Notice of Privacy Practices
   - Safety Information
   - Lindner Center of HOPE Treatment Rules
   - Risks and Benefits to Treatment
3. Lindner Center of HOPE Program Specific Rules, as applicable
4. Physician/Clinician-Patient E-Mail Consent Form

Questions may be directed to your primary clinician.

Cost for Treatment: (prior to insurance and self-pay liability)

Psychiatric Assessment	$370
Psychotherapy, up to 16 - 37 minutes	$90
With Evaluation & Management	$100
Psychotherapy, up to 38 - 52 minutes	$140
With Evaluation & Management	$200
Psychotherapy, up to 53+ minutes	$250
With Evaluation & Management	$310
Outpatient Family Therapy	$180
No Show Fees	$ 50-$100
Intensive Outpatient (IOP)	$570

_____ _____
Patient/Guardian Signature Date

_____
If guardian, relationship to patient:

_____ _____
Staff Signature Date