



Body in Harmony, PC

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Authorization to Release Personal and Health Information

Your personal information and health records at Body in Harmony, PC are completely confidential according to the current HIPAA regulations. In order for us to release any information, we require that you give us **written permission**. By signing this release, you are approving any release of information only to the insurance company that may reimburse for your care and/or to those you specifically write in below.

We are not a participating provider with any insurance company as we choose to be out-of-network. **You are responsible for all fees and agree to pay at the time of each service.** We will file with your insurance company as a courtesy and we request that your insurance company reimburse you directly for any out of network benefits you are due. Insurance companies may or may not reimburse you for any services received in this office on any visit. We do not submit to Medicare as we offer maintenance/wellness care only. Medicare will not reimburse for this type of care.

A copy of this form is available upon request.

Please complete if you allow us to share personal and health information with a specific member of your family, partner, friend, insurance company or health care provider.

Insurance Co Name _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

(For additional space, you may use the back of this page.)

You give us permission to thank the person who referred you to Body in Harmony, PC.

Name of Referral Source _____

You give us permission to communicate with you in the following ways:

Text _____ Cell phone voicemail _____

Home phone voicemail _____ Work voicemail _____

Leave message with family member _____ Email _____

Signature of Client _____ Date _____ Case # _____