

STARTING POINT, INC.

CONSENT TO E-MAIL FINANCIAL STATEMENT/INVOICES

I, _____, hereby authorize
(Name of client/patient)

Starting Point, Inc to Email Financial Statements/Invoices weekly and/or monthly to the below email address:

E-mail Address: _____

The purpose for disclosure/exchange of this information is to summarize treatment payment plans and payments/charges posted to account.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (AHIPAA®), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for the regulations. I understand that I do not have to sign this authorization in order to receive health care benefits (treatment, payment, enrollment, or eligibility for benefits) except for health care services necessary to create assessment or report for disclosure to the recipient identified in this authorization. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires as follows:

Signature of Client/Patient Date

Signature of Person Authorized to Sign in Lieu of the Client (where required) Date