Chesapeake ADHD Center
of Maryland
Specializing in Attention and Learning Disorders

Client Informed Consent Statement

Fees - I have been informed of and agree to the charges for services detailed in this document.

Insurance coverage – I understand that the Chesapeake Center staff are not Medicare providers and do not serve on any insurance panels. I understand that my health insurance plan may provide out-of-network coverage for Chesapeake Center services and that it is my responsibility to inquire about insurance coverage and to submit insurance claims.

Billing statements – I understand that the Chesapeake Center submits invoices on a monthly basis by email and that I must request that a paper copy of my invoice be mailed to me if that is my preference.

Cancellation policy – I understand that I will be charged for cancellations made less than 24 hours in advance or 5 business days for testing appointments except in case of true emergency or in case of clinic closing due to inclement weather.

Confidentiality – I understand that my clinician works in a collaborative clinic and may communicate with fellow clinicians about my case, where appropriate, for purposes of peer supervision and oversight.

I understand that my clinician may NOT communicate, verbally or in writing, with any other professional regarding my case without my express written and signed permission except in specific court-ordered instances outlined in the center policies and procedures document.

Records review – I understand that the Chesapeake Center requests non-original copies of all records that clients would like to be reviewed. I will not hold the Chesapeake Center liable for the damage or loss of any original records that I have chosen to share with them.

Records retention – I understand that in the case of adults, clinical records will not be kept longer than 5 years following the cessation of treatment. In the case of minors, records will be kept for 5 years or until their 21st birthday, whichever is longer.

Printed Legal Name: _____ _____
First name **Last name**

Signature: _____ _____
Date

8607 Cedar Street, Silver Spring, Maryland 20910
www.chesapeakeadd.com / 301.562.8448
Kathleen G. Nadeau, Ph.D., Director