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INSURANCE WAIVER AGREEMENT

I, _____,

(Printed name of patient or parent/guardian)

understand that I am responsible for any charges for psychiatric, psychological or psychotherapy services provided by The Happy Mind Company according to the financial policy.

I further acclaim that I do NOT have mental health insurance coverage, **OR** if I do, have chosen NOT to disclose this to The Happy Mind Company of my own accord. If the latter is true, then I understand that my insurance company may not reimburse me for any or all of my fees, and The Happy Mind Company would NOT be responsible for any charges that are not reimbursed by my insurance company.

Name of Patient

Signature of Patient or Parent/Guardian

Date