

Credit Card Authorization Form

Please complete and return. If you are not using a credit card, please include a certified check or money order made out to Reliant Behavioral Health HPSP. Thank you.

Please provide the following information:

Name: _____

Address: _____

City & State, & Zip Code _____

Phone: _____

If the name on the card is different from the above information:

Name as it appears on card: _____

Address: _____

City, State, & Zip Code: _____

Phone: _____

Signature of Cardholder: _____ Date: _____

Type of Card (Visa, MC, AMEX, Discover, etc): _____

Credit Card Number: _____

Expiration Date: _____ Security Code (on back of credit card): _____

I, _____ authorize Reliant Behavioral Health to make recurring charges to the above listed credit card for the purpose of drug testing and any other fees associated with being a participant in the Health Professionals' Services Program. I further authorize RBH to retain and store my credit card information until such time I revoke this authorization in writing. Any revocation of this authorization will become effective when all charges and fees associated with my HPSP participation have been fully satisfied and may take up to five business days to take effect. Revocation of this authorization will have no effect on my liability for charges and fees that have incurred in connection with my HPSP participation prior to such revocation.

Signature of Licensee: _____

Date: _____

Please note if your credit card expires and you have not contacted us with an updated credit card number, you will receive the following message when you call the Interactive Voice Response (IVR) system:

Please contact RBH Health Professionals' Services Program within 24 hours as you are not in compliance with your monitoring agreement. The HPSP phone number is 888-802-2843.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

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