



1106 N. 155th Street Suite B Basehor, KS 66007

A Not-for-Profit Corporation

Providing Treatment and Intervention Services to Children and Their Families

Email: admin@ibt-inc.org Phone (913) 662-7071 Fax (913) 662-7072

Signature Verification Form

Date: _____

Recipient Name: _____

The individual(s) listed below have permission to sign off on/initial required timesheets/treatment for the above recipient. Must be parents or guardians entrusted to the care of the recipient.

_____ Printed Name	_____ Signature	_____ Initials	_____ *Relationship
_____ Printed Name	_____ Signature	_____ Initials	_____ *Relationship
_____ Printed Name	_____ Signature	_____ Initials	_____ *Relationship
_____ Printed Name	_____ Signature	_____ Initials	_____ *Relationship
_____ Printed Name	_____ Signature	_____ Initials	_____ *Relationship

*Relationship to the Recipient.

I understand that this authorization may be revoked by the person served and/or guardian at any time except to the extent the action has already taken place. I understand that if this authorization is revoked it must be in writing to the Integrated Behavioral Technologies (IBT) main office. Unless otherwise revoked, this authorization will expire upon termination of IBT as the recipient's billing agent/provider.

Date Signed: _____ Authorized Representative: _____

Parent or Guardian