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CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

This form concerns the medical record of_____.
The word "you" in this document will mean the patient.

When I assess, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information to decide on treatment procedures and to treat you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let me use your information in my office and to send it to others. The Notice of Privacy Practices (NPP) explains in more detail your rights and how I can use and share your information. Please read that Notice before you sign the Consent form.

If you do not sign this consent form agreeing to what is in the Notice of Privacy Practices, I may not be able to treat you.

In the future I may change my Notice of Privacy Practices. If I do, you can get a copy from my website www.lifespancounseling.com, or by calling me at the above number.

You have the right to ask me not to use or share some of your information for treatment, payment or administrative purposes but must make that request in writing. I am not required to agree to these limitations; however, if I do agree, I promise to comply with your wishes. (Psychotherapy notes are not a part of your medical record and thus are not subject to this consent.)

After you have signed this consent, you have the right to revoke it by writing a letter to me stating you no longer consent to these uses of your record. I will comply with your wishes about using or disclosing your information from that time on but cannot change actions that have already taken place.

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I, the undersigned, understand and consent to the use and disclosure of my/my child or my ward's PHI as stated in the Notice of Privacy Practices.

_____ _____
Signature of patient or legal representative Date

- ❑ Patient/legal representative declined to sign this Consent form. _____