Notice of Privacy Practices and Client Consent for Use and Disclosure of Protected Health Information (PHI)

Privacy Practices:

I acknowledge receipt of Notice of Privacy Practices. Your counselor may change the terms of this notice at any time. Upon the client's request, the counselor will provide a revised Notice of Privacy Practices.

Uses and Disclosures of Protected Health Information:

Your PHI may be used by your therapist for the purpose of providing treatment to you. Your PHI may also be used and disclosed for billing purposes and reimbursement from your health insurance company.

Client Consent for Use and Disclosure of PHI

With my consent my therapist may call my home or designated number and leave a message or voicemail in reference to carrying out treatment options (appointment information, insurance information, reminders and returned calls). I agree my therapist may mail to my home or other designated address items that may assist in carrying out treatment options and that the items will be marked "personal and confidential".

By signing this form, I have reviewed and given consent to my therapist's use and disclosure of my PHI to carry out appropriate treatment options . I may revoke my consent in writing except to the extent that the practice has already made such disclosure. My therapist may decline to provide services to me if I choose to revoke my consent to use and disclose my PHI to carry out my treatment options.

_____
Printed Name of Client

_____
Client Signature

_____
Date