

**Client Information and Office Policies for Kerri Shaw, MSW, LISW-S  
Licensed Independent Social Worker**

**Consent to use and disclose health information**

This form is an agreement between you, \_\_\_\_\_, and me, Kerri Shaw, MSW, LISW. When I use the word “you” below, it will mean your child, relative, or other person if you have written his or her name here:

\_\_\_\_\_.

When I examine, 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 here to decide on what treatment is best for you and to provide treatment to 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 here and send to others. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. Please read this before you sign the Consent Form.

In the future, I may change how I use and share your information and so may change my Notice of Privacy Practices. If I do change it, you will find a copy posted in the office or you can contact Karen White at 740-592-5689, or get information from the Privacy Officer (myself).

If you are concerned about some of your information, you have the right to ask me not to use or share some of your information for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling me you no longer consent) and I will comply with your wishes about using or sharing your information from that time on, but I may already have used or shared some of your information and cannot change that.

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Signature of client or his/her representative

Date

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Printed name of client or personal representative

Relationship to client