

CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

This form is an agreement between you, _____ and me Katherine Ziff, LPC, Ph.D., and supervising psychologist, Kristina Houser, Ph.D., Licensed Psychologist, LPCC-S When I use the word "you", 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 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 this 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 Lesli K. Johnson.

If you are concerned about some of your information, you have the right to ask me to not 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.

Signature of client or his/her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Description of personal representative's authority

Date of NPP: October 1, 2016 ____ Copy of NPP given to the client/parent/personal representative