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CONSENT FOR LIMITED AVAILABILITY OF PROTECTED HEALTH
INFORMATION

I/We acknowledge that clinical files of clients at 507 Richland Ave., Ste. 203A are not made available to anyone but the independent practitioner who is delivering services. You have given Ms. White, as the Billing Accountant and first receiver of your Protected Health Information (PHI), access to all necessary data to bill for services and exchange information as necessary with insurance companies or other payment or manage care agencies on behalf of clients.

With the following signature, I/we authorize Karen White, Billing Accountant and Receptionist at Offices of 507 Richland Ave., Ste. 203A, to enter our first name and/or initials in an office scheduling book which maintains awareness of office and appointment time availability.

I/We acknowledge that private practitioners in the office may assist Ms. White or the office in her absence or when she's busy, by answering the phone or taking messages off the answering machine and delivering them as appropriate to Ms. White or other practitioners. This might mean phone caller's names and phone numbers might be taken from the machine periodically when Ms. White is not in the office in order to guarantee timely delivery of messages.

I/We acknowledge that our PHI will be made available via our counselor's Professional Will to a designated mental health provider, who will notify us, in the event of our counselor's unexpected illness or death, and will manage our files to maintain protection of our confidential health information.

Signature of Client(s)

Date