

**Source for Change Counseling
Dana Smallwood, LCSW, PIP
5809 Feldspar Way, Hoover, AL 35244**

Consent to use and disclose your health information

This form is an agreement between you, _____, and Dana Smallwood LCSW, PIP. When we use the word "you" below, it will mean your child, relative, or other person if you have written his or her name here _____.

When we examine, diagnose treat, or refer you we will be collecting what the law calls Protected Health Information (PHI) about you. We need this information here to decide on what treatment is best for you and to provide treatment to you. We may 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 us use your information here and send it to the payor for processing. The Notice of Privacy Practices (NPP) explains in more detail your rights and how we can use and share your information. You may review the NPP before you sign this Consent Form. If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.

In the future we may change how we use and share your information, you have the right to ask us to not use or share some of your information and so may change our Notice of privacy Practices. If we do change it, you can get a copy by calling Ph. 205.585.8761.

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

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

With this Consent, Dana or her office staff may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that may assist in carrying out treatment, payment and other health care operations (TPO). With this Consent, Dana Smallwood, LCSW, PIP may mail to my home or other alternative location any items that assist in carrying out TPO

Signature of client or his/her representative

Date

Printed name of client or personal representative

Relationship to client

Description of personal representative's authority

Date of NPP _____ Copy given to client/parent/personal representative.
01-23-2004 _____