

Gretchen Clemens, LCSW

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Consent to Use and Disclose Your Health Information

Form 4

When my therapist (Gretchen Clemens, LCSW) examines, diagnoses, treats, or refers me, she will be collecting what the law calls “protected health information”(PHI). This information is used to carry out treatment, arrange payment and other healthcare operations (TPO). *By signing this form, I am agreeing to allow my therapist use my PHI to facilitate treatment, payment and other healthcare operations.* My signature below acknowledges that I have received and read my therapist’s **Notice of Privacy Practices (NPP)**, which explains in more detail what my rights are and how my therapist can use and share my information.

I understand that in the future, my therapist may change how she uses and share this information, and therefore may change her **Notice of Privacy Practices**. A revised **Notice of Privacy Practices** may be obtained from the privacy officer at her office at the above address.

I understand that if I am concerned about my PHI, I have the right to request that my therapist restrict how she uses or discloses my PHI. I agree to make this request in writing. I understand that my therapist is not required to accept these limitations, however, if she does agree, she is bound by that agreement. I understand that I may revoke this consent in writing at any time, and then all future disclosures will then cease.

If I do not sign this consent, I understand that my therapist may decline to provide treatment to me.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client (if applicable)

Signature of authorized representative of this office or practice

Date NPP was given to client/parent/personal representative: _____