



Consent to Use and Disclose Your Health Information

This form is an agreement between you, _____ and me, Gail A. Bills. When I use the words “you” and “your” below, this can also mean you, your child, a relative, or some other person if you have written his or her name here: _____.

When I examine, test, 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 in my office to decide what treatment is best for you and to provide you treatment. I may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment for you.

By signing this form, you are agreeing to let me use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read or heard my notice of privacy practices (NPP) that explains in more detail what your rights are and how I can use and share your information.

If you do not sign this form agreeing to my privacy practices, I cannot treat you. In the future, I may change my notice of privacy practices. If I do change it, you can get a copy from me or my website, LifeCraftCounseling.com.

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

After you have signed this consent, you have the right to revoke it by writing to me. I will then stop using or sharing your PHI, but I may already have used or shared some of it, and I cannot change that.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Description of personal representative’s authority

Gail A. Bills, authorized representative of this practice

Date of NPP: January 15, 2013 Copy given to the client or personal representative