

CONSENT TO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

Client Name: _____ Birth Date: _____

This form is an agreement between you, [name indicated above] and Hugh S. Smith, Ph.D. & Associates, P.C. When we use the word “you” below, it will mean your child, relative or other person if you have written his or her name above.

When we evaluate, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information here to decide on what treatment is best for you, and to provide treatment to you. We 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 us use your information here and send to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. Please read this before you sign the Consent form.

If you do not sign this Consent form agreeing to what is in our Notice of Privacy Practices, we cannot evaluate/treat you.

In the future we may change how we use and share your information, and so may change our Notice of Privacy Practices. If we do change it, you can get a copy by calling us at (717) 391-6808.

If you are concerned about some of your 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 to 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 already have used or shared some of your information and cannot change that.

Signature of client or his or her personal representative Printed name of client or personal representative Date Signed

Description of personal representative’s authority

Date of NPP 04/14/2003

Copy given to the client/parent/personal representative