

Behavioral Healthcare Consultants
Consent to use and disclose your health information

This form is an agreement between you, _____ and _____ of Behavioral Healthcare Consultants. (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: _____.)

client/guardian name

therapist name

When we examine, 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 to decide upon the best treatment for you and to provide treatment to you. We may also need to share this information with others to arrange payment for your treatment or for specific business or government functions. It is our personal commitment, as well as our legal duty to protect your privacy.

By signing this form you agree to let us use your information and send it to others to facilitate treatment and payment or to comply with government regulations. Our "Notice of Privacy Practices" explains in detail your rights and the ways in which we can use and share your information. Please read this before you sign this Consent form.

Federal Law requires you to sign this consent form agreeing to what is in our "Notice of Privacy Practices," so that we can treat you.

In the future we may be required to change how we use and share your PHI and so may change our Notice of Privacy Practices. If we change it, you can get a copy from our Web Site, www.bhclanc.com, by calling us at (717) 581-5255 or from our Privacy Officer.

If you are concerned about some of your information, you have the right to ask us not to use or to 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 and we will inform you when we cannot. However, if we do agree, we promise to comply with your wishes.

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 with your informed consent and 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

Date NPP: 04/14/2003

Copy given to client/parent/personal representative.