


Consent to Use and Disclose Health Information

This form is an agreement between you and us, LifeSpire, LLC. When using the word “you” below, it can mean you, your child, your relative, or other person if you have written his or her name here:

_____.

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law called 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 any 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 it 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 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 and so we may change the Notice of Privacy Practices. If we do change it, you can get a copy from us.

If you are concerned about some of your information, you have the right to ask us to not 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 do as you asked.

After you have signed this consent, you have the right to revoke it (by writing a letter to the Privacy Officer, Jamie Bolton, PsyD., telling her that 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.

***DO NOT COMPLETE / SIGN this form prior to your appointment, your therapist will review and have you sign at the appointment.**

Signature of client/guardian

Date

Date of NPP: 11/1/13