

Lynette Ingram Cassel, ATR, LMHC

Consent to Use and Disclose Your Health Information

This form is an agreement between you, and me, When we use the words “you” and “your” below, this can 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 on what treatment is best for you and to provide treatment to you. I may also share this information with others to arrange payment for your treatment (for example, your insurance provider), to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also 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 our notice of privacy practices, which 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 our privacy practices, I cannot treat you. You can always review a copy of the privacy practices on my website, www.lynetteingramcassel.com, or by requesting a copy. By signing this form you attest that you were given a copy of the Notice of Privacy Practices on this day.

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

Printed name of client

Signature of **client** or **parent/guardian**

Date

Printed name of parent/guardian

Relationship to client

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