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Consent to Use and Disclose Your Health Information

This form is an agreement between you and Amy R. Paul LPC PC.

"You" and "your" can mean you, your child, or a child you have legal custody of:

Client Name

Date of Birth

When I 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 treatment recommendations and planning and to provide treatment to you. 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 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 my 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 my privacy practices, I cannot treat you. In the future, I may change how I use and share your information, and so I may change my notice of privacy practices. If I do change it, you can get a copy from me.

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. All requests must be in writing. I am not required to accept these limitations.

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.

*By typing your name below, you acknowledge and agree this serves as your electronic signature.

Client Signature (14 and older)

Printed Name

Date

Parent or Legal Guardian

Printed Name

Relationship

Date

(For all clients under 18; co-signature required for clients 14-17)

Parent or Legal Guardian

Printed Name

Relationship

Date

(For all clients under 18; co-signature required for clients 14-17)