

HIPAA CONSENT FORM

Federal regulations (HIPAA) allow me to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services I provide, and for other professional activities (known as "health care operations"). The Notice of Privacy Practices for Protected Health Information (hereafter referred to as the "Notice" or "The Notice of Privacy Practices") is provided to you and describes these disclosures in more detail. You have the right to review the Notice before signing this consent. I reserve the right to revise the Notice at any time. If I do so, the revised Notice will be on file in my office and on the Destination Hope Ministries website (see reference below). You may print a copy of the Notice at any time. You may ask me to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment or health care operations; however, as indicated in the Notice, I do not have to agree to these restrictions. If I do agree to a restriction, that agreement is binding. You may revoke this consent at any time by giving written notification. This consent is voluntary; you may refuse to sign it. However, I am permitted to refuse to provide health care services if this consent is not granted, or if the consent is later revoked.

"I hereby consent to the use or disclosure of my Protected Health Information as specified above. I understand that as part of my healthcare, my therapist originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment psychotherapy notes, and any plans for future care or treatment. I understand that this information is used to plan my care and treatment, to bill for services, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals. I further understand that any and all records, whether written, oral, or in electronic format, are confidential and cannot be disclosed without prior written authorization, except as otherwise provided by law."

I have been provided the Notice of Privacy Practices, as indicated by my signature below.
(Form can be retrieved on the website, www.destinationhopeministries.com)

Client Signature _____ Date _____

Witnessed _____ Date _____