

FAMILY GUIDANCE CENTER OF WARREN COUNTY

CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION

This form is an agreement between you, _____ and the Family Guidance Center of Warren County. The word "you" means you, your child, relative, or other person for whom you are a personal representative.

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 on what the best treatment for you will be and to provide that treatment to you. We may also share this information with others who provide treatment to you or who need it to obtain 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 to send it to others. The Notice of Privacy Practices explains your rights in more detail 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 will not treat you.

In the future we may change how we use and share your information. Therefore, we may change our *Notice of Privacy Practices*. If we do, you can get a copy from our receptionists or by calling us at (908) 689-1000.

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 operational purposes. You will have to tell us, in writing, what you want. 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 comply with your wishes.

After you have signed this consent, you have the right to revoke it by telling us in writing that you no longer consent. 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 prior to your request.

Signature of client or his/her personal representative Date

Printed name of client (and personal representative)

Description of personal representative's authority and relationship to client

Date NPP given to client/representative: _____