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Patient Consent Form

In response to the misuse of Personal Health Information (PHI), The Department of Health and Human Services has established “Privacy Rule” to help insure that PHI is kept private. This rule was also established in order to provide a standard of Health Care for providers to obtain their patients’ consent for uses and disclosures of health information about the patient in order to carry out treatment, payment or other health care operations.

I want you to know I respect the privacy of your personal records and will take all reasonable measures to secure and protect your privacy. I will provide the minimum necessary information to only those that we have discussed together and have a written consent form signed.

Exclusion to this are for mandated reporting for abuse of children, the elderly or the disabled.

Exclusions also include if there is imminent life threatening danger to you or others. My licenses as a Social Worker and Substance abuse counselor are overseen by the State Office of Professions and any ethical violations can be reported there.

You have the right to refuse consent to the use or disclosure of your PHI. The refusal must be made in writing. Under the HIPPA law, I have the right to refuse to treat you if you choose to refuse disclosure of you PHI. This refusal must be made in writing. However, you may not revoke actions that have already been taken which relied on this or previously signed consent.

Please speak with me if you have any questions about this consent form.

Signature

Date

Print Name