

Consent to use and/or disclose your health information for purposes of treatment, payment, and health care operations

As a condition of providing treatment to you, the provider (Laya F. Seghi) may request your consent to use and disclose protected health information (PHI) about you to carry out treatment, payment and health care operations (TPO). You may revoke this consent at any time by notifying the provider in writing, except to the extent that the provider has already taken action based on your previous consent.

A more complete description of the uses and disclosures of the PHI is available in the provider's Notice of Privacy Practices (NPP). Please review this prior to signing this consent. The provider reserves the right to change its privacy practices. A copy of the NPP and any revisions are available upon your request.

You have the right to request that the provider restrict the manner in which your information for treatment, payment or administrative purposes is used or disclosed. The provider, however, is not required to agree to such restrictions. If an agreement on restrictions is made, however, it will be honored.

I hereby consent to the use and disclosure by my provider, its workforce, and its business associates of my protected health information for purposes of treatment, payment and health care operations.

Signature _____

PRINTED NAME _____

Signature of Personal Representative of Client _____

Description of Representative's Authority on behalf of Client _____

DATE of NPP _____

Copy given to Client/Parent/Representative