

Consent Form

Vineyard Counseling Center

Consent to use and disclose your health information

This form is an agreement between you, the client, and the Vineyard Counseling Center, and is required by law under the new HIPAA regulations. (When the word "you" is used below, it will mean your child, relative, or other person if you have written their name here:

_____ . If not, it refers to your self.)

When we examine, diagnose, treat, or refer you we will be collecting what the law calls Protected Health Information (PHI) about you. We need this information to decide what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or who need it to arrange payment for your treatment or for other business or government functions. This includes contacting your insurance company on your behalf, in order to bill.

By signing this form you are agreeing to let us use your information here at Vineyard Counseling Center, and, *with authorization*, send it to others. The Notice of Privacy Practices (NPP), enclosed in this packet, explains in more detail your rights and how we can use and share your information. **Please read this notice BEFORE you sign this consent form.**

If you do not sign this consent form agreeing to what is in our NPP, legally we cannot treat you.

In the future, we may change how we use and share your information and so may change our Notice of Privacy Practices. If any changes are made, you will receive a copy from us at that time. You may also request a current copy from your counselor at any time.

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 administrative purposes. We will need to have this request in writing. Although we will try to respect your wishes, we are not required by law to agree with these limitations. However, if we do agree and the request is feasible, we promise to comply with your wish.

After you have signed this consent form, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time forward, but we may already have used or shared some of your information and cannot change that.

(Client signature) (Date)

(Parent signature if client is a minor) (Date)