

# Client Consent Form (HIPAA)

I understand that as part of my health care, Water's Edge Christian Counseling, PLLC originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment, psychotherapy note, and any plans for future care or treatment via internet. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other health care providers and other routine health care operations such as assessing quality and reviewing competence of health care professionals.

*The Notice of Privacy Practices* for Water's Edge Christian Counseling, PLLC provides specific information and a thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to *The Notice of Privacy Practices* and I have been given the opportunity to review the notice prior to signing this consent. Before implementation of any revised Notice of Privacy Practices, the revised Notice will be updated online and notification will be posted. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or health care operations and that my counselor is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Water's Edge Christian Counseling, PLLC has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I request the following restrictions (changes) on the use and/or disclosure of my personal health information.

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Water's Edge Christian Counseling, PLLC response:      Agree to restriction / Do not agree to restriction

I further understand that any and all records, whether written, oral, or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law. I have been provided and have received The Notice of Privacy Practices for Water's Edge Christian Counseling, PLLC.

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Signature of Client or Legal Representative

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Date

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Signature of Client or Legal Representative

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Date

I request that changes of the Notice of Privacy Practices be sent to me at this address:

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Witnessed by Water's Edge Christian Counseling, PLLC staff: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_