

Ellen V. Garbuny, LSW
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Consent to use and disclose your health information

This form is an agreement between you, _____ and me, Ellen V. Garbuny, LSW. When I use the word "you" below, it will mean your child, relative or other person if you have written his or her name here _____.

When I interview, diagnose, treat or refer you I will be collecting what the law calls Protected Health Information. (PHI) about you. I need this information here to decide on what treatment is best for you and to provide treatment to you. I may also have also share this information with others who provide treatment to you or need it to arrange 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 send to others. The Notice of Privacy Practices explains in more detail your rights and how I 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 the Notice of Privacy Practices, I cannot treat you.

If you are concerned about some of your information, you have the right to ask us not to use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to comply with your request.

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

Signature of client or his/her personal representative Date

Printed name of client or personal representative Relationship to client

Description of personal representative's authority

Date of NPP _____

Copy given to client/parent/personal representative