SUMMIT COUNSELING
Sarah West-Effland LCSW, LLC, Owner of Summit Counseling
618 SE 4th Street, Suite 104, Lee's Summit, MO 64063
Telephone: (816) 282-2161 / Fax: (816) 396-8380

Consent to Use or Disclose Information for Treatment, Payment, and Health Care Operations

Client Name: _____

Federal Regulations (HIPAA) allow this practice and its' associated practitioners, hereinafter referred to as the Practice, to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services provided, and for other professional activities (known as "health care operations"). Nevertheless, you are being asked for your consent in order to make this permission explicit. The 'Office Policies, General Information, & Agreement to Therapy Services' form, hereinafter referred to as the Office Policies, describes these disclosures in more detail. You have the right to review the Office Policies before signing this consent. The Practice reserves the right to revise the Office Policies at any time. If revised, the Office Policies will be posted in the office and/or online at the Practice's website. You may ask for a printed copy of the Office Policies at any time.

You may ask the Practice to restrict the use and disclosure of certain information in your records that otherwise would be disclosed for treatment, payment, or health care operations; however, the Practice does not have to agree to these restrictions. If the Practice agrees to a restriction, that agreement is binding.

You may revoke this consent at any time by giving written notice to the Practice. Such revocation will not affect any action taken in reliance on the consent prior to the revocation.

This consent is voluntary; you may refuse to sign it. However, the Practice is permitted to refuse to provide healthcare services if this consent is not granted, or if the consent is later revoked.

I hereby consent to the use or disclosure of my Protected Health Information as specified above.

Client Signature: _____ Date: _____

For filling out this form electronically:
Just type your name into the signature field(s) above to sign the form.