



Jessica & Michael
Counseling and Consulting LLC

PRIVACY PRACTICES FORM (HIPAA)

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Client Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, or health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosure we have already made in reliance on your prior Consent. Jessica & Michael Counseling and Consulting LLC provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I have been provided a copy of my rights under the Protected Health Information covered under the Health Insurance Portability and Accountability Act (45 CFR) and acknowledge receipt of such rights.

The client understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations
- Jessica & Michael Counseling and Consulting LLC has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice
- Jessica & Michael Counseling and Consulting LLC reserves the right to change the Notice of Privacy Practices
- The client has the right to restrict the uses of their information but Jessica & Michael Counseling and Consulting LLC does not have to agree to those restrictions
- The client may revoke this Consent in writing at any time and all future disclosures will then cease
- Jessica & Michael Counseling and Consulting LLC may condition receipt of treatment upon the execution of this Consent
- This document will be valid until the discharge of the patient.

DO WE HAVE YOUR PERMISSION TO:

- **Leave a message on your answering machine at home (including reminders for appointments)?** Yes ___ No ___
- **Leave a message on your cellular phone?** Yes ___ No ___
- **Leave a message via text message?** Yes ___ No ___
- **Discuss your therapy with any other member of your household?** Yes ___ No ___

If yes, whom: _____

Relationship: _____

Please give any additional comments about the release of your therapy or appointments:

Client's Name: _____

This Consent was signed by: _____
Printed Name- Client or Authorized Representative Signature

Relationship to Client (if other than client): _____ Date _____