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www.jinityler.com

Consent to Use and Disclose Your Health Information

| This form is an agreement between you and your Therachild, a relative, or some other person if you have written | | our" below, this can mean you, your |
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| When I assess, diagnose, treat, or refer you, I will be considered to use this information in my office to decide on share this information with others to arrange payment for to help provide other treatment to you. By signing the for the purposes described above. Your signature below which explains in more detail what your rights are and it | what treatment is best for you and to profer your treatment, to help carry out certains form, you are also agreeing to let me to acknowledges that you have read or he | ovide treatment to you. I may also ain business or government functions, use your PHI and to send it to others ard the notice of privacy practices, |
| If you do not sign this form agreeing to the privacy pyour information, and so I may change the notice of privacy www.jinityler.com or by calling me at (770)361-8822. | • | |
| If you are concerned about your PHI, you have the right or administrative purposes. You will have to tell me where required to accept these limitations. However, if I do again have the right to revoke it by writing to me at my office shared some of it, and I cannot change that. | nat you want in writing. Although I will gree, I promise to do as you have asked. | try to respect your wishes, I am not After you have signed this consent, you |
| Signature of client or his or her personal representative | Date | - |
| Printed name of client or personal representative | Relationship to the client | - |
| Description of personal representative's authority | | |
| Signature of authorized representative of this practice | | |
| Date of NPP: | ☐ Copy given to the client/parent/personal representative | |