



# HIPAA ACT INFORMATION

## **CONSENT FOR PURPOSES OF TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

I consent to the use or disclosure of my protected health information by Healing Things for the purpose of diagnosing or providing treatment to me, obtaining payment of my health care bills or to conduct the health care operations of Healing Things. I understand that diagnosis or treatment of me by Mrs. Ross, LPC-S and/or any other licensed mental health professional of Healing Things may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Healing Things and their clinicians are not required to agree to the restrictions that I may request. However, if Healing Things and their clinicians agree to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that Healing Things and their clinicians have acted in reliance on this consent.

My “protected health information” indicates that health information, including my demographic information, is collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe that the information may identify me.

I understand I have a right to review Healing Things' Notice of Privacy Practices prior to signing this document. Healing Things' Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills and in the performance of health care operations in Healing Things and their clinicians' practice.

Natalie Ross reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling Healing Things' office and requesting that a revised copy be sent to me via email or U.S. Mail or by asking for one at the time of my next appointment.

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority

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*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*

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