

Sample Consent to the Use and Disclosure of Health Information for Treatment, Payment, and Healthcare Operations:

Consent to the Use and Disclosure of Health Information for Treatment, Payment and Healthcare Operations

I understand that as part of my healthcare, [Practice name] originates and maintains mental health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.

I understand that this information serves as:

- a basis for planning my care and treatments
- a means of communication among the many health professionals who contribute to my care
- a source of information for applying my diagnosis and treatment information to my bill
- a means by which a third-party can verify that services billed were actually provided
- and a tool for routine mental health care operations such as assessing quality and reviewing the competence of mental health care professionals.

- ✓ I understand that I have the option of receiving a copy of the Privacy Notification that provides a more complete description of information uses and disclosures.
- ✓ I understand that I have the right to review the notice prior to signing this consent.
- ✓ I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided, if I request.
- ✓ I understand that I have the right to request restrictions as to how my mental health information may be used or disclosed to carry out treatment, payment or health care operations and [Practice name] is not required to agree to the restrictions requested.
- ✓ I understand that I may revoke this consent in writing, except to the extent that [Practice name] has already taken action in reliance thereon.

- No restrictions
- I request the following restriction to the use or disclosure of my health information

Signature of Patient or Legal Representative

Witness

Date

Notice Effective Date or Version #

Unable to obtain consent because:

- True emergency;
- Patient non responsive;
- Patient confused / disorientated;
- Patient has been sedated;
- _____

This area. for use by [Practice name] personnel only

Restriction

- Accepted
- Denied

Signature

Title

Date