**Justin Cline, LCSW**

**Consent for Purposes of Treatment, Payment, and Health Care Operations**

I consent to the use or disclosure of my protected health information by Justin Cline, LCSW for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills.

I understand that diagnosis or treatment of my by Justin Cline, LCSW may occur upon my consent as evidenced by my signature on this document.

I understand 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 health care operations of the practice. Justin Cline, LCSW is not required to agree to the restrictions that I may request, however, if Justin Cline, LCSW agrees to a restriction that I request, the restriction is binding.

I have the right to review this consent, in writing, at any time, except to the extent that Justin Cline, LCSW has taken action in reliance to this consent.

My “protected health information” means health information including my demographic information collected from me 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 the information may identify me.

I understand I have a right to review Justin Cline’s Notice of Privacy Practices prior to signing this document. Justin Cline’s 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, or in the performance of health care operations by Justin Cline, LCSW.

This Notice of Privacy Practices also describes my right and the duties of Justin Cline with respect to my protected health information.

Justin Cline, LCSW 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 the office of Justin Cline, LCSW and requesting a revised copy be sent in the mail or ask for one at the time of my next appointment.

Signature and Printed Name of Patient, Guardian, or Authorized Representative

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Signature and Printed Name Date