

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by Psychiatric Associates for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Psychiatric Associates. I understand that diagnosis or treatment of me, coordination of care between providers, for purposes of case conferences, by Todd VerHoef, MD, Dana Weibel, MD, Kimberly VerHoef, MD, Christopher Welsh, MD, Francis Giuliani, MD, Ann M. Glick, MSN, ARNP, FPMHNP, Rustin Licht, MD, Adam Woods, MD, Megan Gosse, ARNP/DNP, Helga-Margot O'Brien ARNP/DNP, Kelcy Weibel PA, Alyssa Wood DO, Barbara O'Rourke, RN, PhD, LMHC, Catharine Phillips-Bui, PhD, Lisa Kim, MA, LISW, Erica Bobst RN, CRC, LMHC, Aileen Barnhouse, RN, LMHC, CRC, Sally Henderson, PhD, LMFT, Penny Clark MA, LMHC, ATR, Tina Issa, LMHC, CRC, CADC, Jennifer Sacora, LMHC, MA, Cynthia Vaske LISW, CEAP, CPC, Lanny Tygrett, LISW, Erin Maher, LMFT, Miquel Anastasi-Melchert, LMHC, Sandra Kessler, LISW, Devona Siron, LISW, Rae Noble, LMHC, Lisa Bard, LMHC, Bethany Roberts, LISW, Kelly Mayer LISW may be conditioned 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 healthcare operations of the practice. Psychiatric Associates is not required to agree to the restrictions that I may request. However, if Psychiatric Associates agrees to a restriction that I request, the restriction is binding on Psychiatric Associates and Todd VerHoef, MD, Dana Weibel, MD, Kimberly VerHoef, MD, Christopher Welsh, MD, Francis Giuliani, MD, Ann M. Glick, MSN, ARNP, FPMHNP, Rustin Licht, MD, Adam Woods, MD, Megan Gosse, ARNP/DNP, Helga-Margot O'Brien ARNP/DNP, Kelcy Weibel PA, Alyssa Wood DO, Barbara O'Rourke, RN, PhD, LMHC, Catharine Phillips-Bui, PhD, Lisa Kim, MA, LISW, Erica Bobst RN, CRC, LMHC, Aileen Barnhouse, RN, LMHC, CRC, Sally Henderson, PhD, LMFT, Penny Clark MA, LMHC, ATR, Tina Issa, LMHC, CRC, CADC, Jennifer Sacora, LMHC, MA, Cynthia Vaske LISW, CEAP, CPC, Lanny Tygrett, LISW, Erin Maher, LMFT, Miquel Anastasi-Melchert, LMHC, Sandra Kessler, LISW, Devona Siron, LISW, Rae Noble, LMHC, Lisa Bard, LMHC, Bethany Roberts, LISW, Kelly Mayer LISW.

I have the right to revoke this consent, in writing, at any time, except to the extent that Todd VerHoef, MD, Dana Weibel, MD, Kimberly VerHoef, MD, Christopher Welsh, MD, Francis Giuliani, MD, Ann M. Glick, MSN, ARNP, FPMHNP, Rustin Licht, MD, Adam Woods, MD, Megan Gosse, ARNP/DNP, Helga-Margot O'Brien ARNP/DNP, Kelcy Weibel PA, Alyssa Wood DO, Barbara O'Rourke, RN, PhD, LMHC, Catharine Phillips-Bui, PhD, Lisa Kim, MA, LISW, Erica Bobst RN, CRC, LMHC, Aileen Barnhouse, RN, LMHC, CRC, Sally Henderson, PhD, LMFT, Penny Clark MA, LMHC, ATR, Tina Issa, LMHC, CRC, CADC, Jennifer Sacora, LMHC, MA, Cynthia Vaske LISW, CEAP, CPC, Lanny Tygrett, LISW, Erin Maher, LMFT, Miquel Anastasi-Melchert, LMHC, Sandra Kessler, LISW, Devona Siron, LISW, Rae Noble, LMHC, Lisa Bard, LMHC, Bethany Roberts, LISW, Kelly Mayer LISW or Psychiatric Associates has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, 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 the information may identify me.

I understand I have a right to review Psychiatric Associates Notice of Privacy Practices prior to signing this document. The Psychiatric Associates 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 of the Psychiatric Associates. The Notice of Privacy Practices for Psychiatric Associates is also provided in the waiting room of Psychiatric Associates. This Notice of Privacy Practices also describes my rights and Psychiatric Associates duties with respect to my protected health information.

Psychiatric Associates 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 and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative: \_\_\_\_\_

Name of Patient or Personal Representative:

\_\_\_\_\_

Date: \_\_\_\_\_