

**Consent to Use
and Disclose
Your Health
Information**

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This is an agreement between you, _____,
and me, Janis B. Rice, MA, LPC, authorizing how I may use and disclose your health information. The
word "you" below can also mean your spouse, your child(ren), a relative, or any other person(s) you
designate if you have written his or her name(s) here: _____

When I consult, diagnose, treat, or refer you, I will be collecting what the law calls **Protected Health Information (PHI)** about you. I need to use this information to decide on what treatment is best for you and to provide any **Treatment** to you. I may also share this information with others who need it to arrange **Payment** for your treatment, or for internal business **Operations** – collectively referred to in the law as **TPO**.

By signing this form, you are agreeing to let me use and disclose your information for **TPO** purposes. My **Notice of Privacy Practices (NPP)** explains in detail your health information privacy rights and how I may or may not use and share your information. Please read the **NPP** before you sign this Consent form.

If you do not sign this Consent form and agree to my Notice of Privacy Practices, I cannot treat you.

In the future, I may change how I use and share your information and may change my **Notice of Privacy Practices (NPP)**, which you hereby acknowledge you have been provided. If I do change it, you can get a current copy from my office, by contacting me by phone at (281) 538-8008, or by mailing a request to: 2951 Marina Bay Drive #130-114, League City, TX 77573.

If you are concerned about the use or disclosing of your information, you have the right to ask me not to use or share some of your information for treatment, payment, or operations purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to those limitations. However, if I do agree, I promise to do as you asked.

After you have signed this **Consent**, you have the right to revoke it (by writing a letter to me at the above mailing address telling me you no longer consent) and I will comply with your wishes from that time on, but if I have already used or shared some of your information I cannot change that.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to client

Description of personal representative's authority