

Health Information Portability and Accountability Notice of Privacy Practices

CONSENT AND AUTHORIZATION

Please Review and Sign Below

The Health Insurance Portability and Accountability Act (HIPA) is a new federal law that provides privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI). HIPA allows health service providers to disclose PHI from your records in order to provide you with treatment services, obtain payment for these services, and perform other professional activities known as "health care operations". HIPA requires that I provide you with my Notice of Privacy Practices and obtain your authorization and consent to use and disclose your PHI for the purposes of treatment, payment and health care operations as described in this Notice.

I need your consent in order to provide you with health care services in accordance with my Notice of Privacy Practices. You have the right to review my Notice of Privacy Practices before signing this consent. I reserve the right to revise my Notice of Privacy Practices at any time.

*You may revoke this Consent and Authorization at any time by submitting a written request for revocation to: **Suzanne Etheridge, LMFT at 23272 Mill Creek Road #150, Laguna Hills, CA 92653.** Such revocation will not affect any action taken in reliance on the consent prior to the revocation.*

This consent is voluntary and you may refuse to sign it. However, I may refuse to provide health care services if this consent is not granted, or I may terminate health care services and refer you to another service provider if the consent is later revoked.

*My signature below provides **Suzanne Etheridge, LMFT** with my authorization and consent to use and disclose my PHI for the purposes of treatment, payment, and health care operations as described in this Notice of Privacy Practices.*

Signature Name (print) Date Relationship to Patient

Signature Name (print) Date Relationship to Patient

Signature Name (print) Date Relationship to Patient

Signature Name (print) Date Relationship to Patient

Suzanne Etheridge, LMFT
23272 Mill Creek Rd. #150, Laguna Hills, CA 92653
(949) 829-3945