

Notice of Privacy Statement
Consent for Uses and Disclosures to of Protected Health Information to Carry Out Treatment, Payment and Health Care Operations

DREAM THERAPIES

Effective 1-1-2004

Client Name: _____

Dream Therapies may use and disclose protected health information (PHI) about me/my child/ward to carry out treatment, payment and health care operations (TPO).

I have the right to restrict how protected health information about me/my child/ward is used or disclosed to carry out TPO. Dream Therapies is not required to agree to any restrictions you request. If we do agree to a restriction, however, we are bound by our agreement.

I have the right to revoke this consent in writing, except to the extent that we have taken action in reliance on your consent.

By signing this form, I consent to Dream Therapies use and disclosure of protected health information about me/my child/ward for treatment, payment and health care operations. I confirm that (please mark to the **right** of your selection):

I DO _____ DO NOT _____

desire restriction on Dream Therapies use of disclosure of protected health information for treatment, payment and healthcare operations. Any desired restrictions are set forth on the reverse side of this form, in handwritten form.

With my consent, Dream Therapies may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders and any call pertaining to my/my child's/ward's therapeutic care.

With my consent Dream Therapies my mail or fax to my home or other designated location any items that assist the practice in carrying out TPO, such as copies of current records as long as the cover sheet is marked CONFIDENTIAL.

If I do not sign this consent, Dream Therapies may decline to provide services to me.

I agree that I have been given sufficient time to read, understand and ask question, if any, concerning the nature and scope of this agreement. I agree to the terms and conditions of this agreement.

Signature and printed name of client/client's parent/legal guardian Date

Signature and printed name of witness Date