LINDA KORNETT LCSW

CLIENT CONSENT FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

PLEASE FILL OUT ALL FORMS (5 OF 5)

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OFFICE 703-518-5184 • FAX 703-518-5185
LINDAKORNETTLCSW.COM

With my consent, the practice of Linda Kornett, LCSW may use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Please refer to Linda Kornett, LCSW. Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. The practice of Linda Kornett, LCSW reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request, marked ATTENTION PRIVACY OFFICER, to the above address.

With my consent, the practice of Linda Kornett, LCSW may call my home or other designated location and leave a message on voicemail in reference to any business that assists the practice in carrying out treatment, payment and healthcare operations, such as appointment reminders, test results and insurance information.

With my consent, the practice of Linda Kornett, LCSW may mail to my home or other designated location any items that assist the practice in carrying out treatment, payment and healthcare operations, such as reminder letters, client statements, test results and procedure brochures as long as they are marked confidential.

I have the right to request that the practice of Linda Kornett, LCSW restrict how it uses my protected health information to carry out treatment, payment and healthcare operations.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form I am consenting, to the practice of Linda Kornett, LCSW, to the use and disclosure of my protected health information to carry out treatment, payment and healthcare operations.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, the practice of Linda Kornett, LCSW may decline to provide treatment to me.

CLIENT NAME

DATE

CLIENT SIGNATURE OR LEGAL GUARDIAN