

Emmaus Counseling Center

"We are committed to 'walking with you' and helping you to find peace in your life."

New Patient Consent to the Use and Disclosure of Health Information

I, _____, understand that as part of my health care, Emmaus Counseling Center originates and maintains paper and/or electronic records describing my health history, symptoms, examinations and test results, diagnoses, treatment, and any plans for future care or treatment, I understand that this information serves as:

- A basis for planning my care and treatment
- A means of communications among the many health professionals who contribute to my care
- A source of information for applying my diagnosis to the bill
- A means by which a third-party payer can verify that services billed were actually provided
- A tool for routine operations such as assessing the quality and competence of healthcare professionals

I understand and have been provided with a Notice of Privacy Policies that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to object to the use of my health information for directory purposes
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

I understand that Emmaus Counseling Center is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Emmaus Counseling Center reserves the right to change their notice and practices prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulation. Should Emmaus Counseling Center change their notice, they will send a copy of any revised notices to the address I've provided.

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I fully understand and accept the terms of this consent.

Patient's Signature (or Guardian, if applicable)

Date

Name of Minor (if applicable)