

**CONSENT FOR TREATMENT
AND
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

This form is an agreement between you, _____, and Joy D. Bennett, LISW. The word “you” also may mean your child or dependent. If you are not the client, write the client’s name here: _____.

When I examine, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information about you. I use this information to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need to arrange payment for your treatment or for other business functions.

By signing this form you are agreeing to let me use your information and send it to others who are responsible for your treatment, payment for services, or for administrative functions. The Notice of Privacy Practices explains in more detail your rights and how I can use and share information. Please read this Notice before you sign this Consent form.

If you do not sign this Consent form agreeing to what is in the Notice of Privacy Practices I cannot treat you.

In the future I may change how I use and share your information and so may change the Notice of Privacy Practices. If I do change it, you can ask me for a copy and I will give one to you.

If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment or administrative 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 these limitations. However, if I do agree, I promise to comply with your wish.

After you have signed this Consent form, you have the right to revoke it by writing a letter telling me you no longer consent. If consent is revoked, treatment will be terminated. I may already have used or shared some of your information, and that cannot be changed.

Signing this form also acknowledges that you received a copy of the Notice of Privacy Practices.

If you fail to notify me of a cancellation without 24 hours notice, you will be CHARGED.

Signature of client or guardian

Date

Print name of client or guardian

Relationship to the client

