New Passages
3235 North Third Street
Harrisburg, PA 17110
(717) 234-3839

Consent Form for Use and Disclosure of Your Health Information

This form is an agreement between you, ________________________________, and New Passages.
Print Your Name

We are permitted by law to share some information about your treatment or payment for your treatment with a family member, close friend or other person you name. Please write the name(s) of any such person or persons in the space below:

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

By signing this form you are agreeing to let us use your information here and send it to others, as indicated. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information.

By signing this consent form, you acknowledge that a copy of our Notice of Privacy Practices was offered to you.

If you do not sign this consent form, we cannot treat you.

In the future we may change how we use and share your information and so may change our Notice of Privacy Practices. If we do change it, you can get a copy from our Privacy Officer.

If you are concerned about disclosing some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to comply with your wishes.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time forward, but this cannot apply to any information previously released with your permission.

____ __________________
Signature of client or his or her personal representative Date

____ ____________________
Printed name of client or personal representative Relationship to the client

A copy of the Notice of Privacy Practices was:
(Please check one) ☐ **accepted** OR ☐ **declined** by the client/parent/personal representative.

Consent Form version____June 4, 2008________.