HEALTHY SYNERGY
psychological services

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Consent to Privacy Practices

This form is an agreement between you, _____, and Healthy
(Responsible party)
Synergy Psychological Services, LLC. When we use the words "you" and "your" below, this can mean you, your child, a relative, or some other person if you have written his or her name here:
_____.
(Client's name)

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls "protected health information" (PHI) about you. We need to use this information in our office to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment to you.

By signing this form, you are also agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information.

If you do not sign this form agreeing to our privacy practices, we cannot treat you. In the future, we may change how we use and share your information, and will change our notice of privacy practices accordingly. If we do change the notice of privacy practices, you will be able to get a copy from our website www.healthysynergypsych.com, or by calling us at (301) 569-6326, or from us directly.

If you are concerned about your PHI, you have the right to ask us not to use or share some of it 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 accept these limitations.

After you have signed this consent, you have the right to revoke it by writing to our privacy officer, Christopher Cofone, LCSW. We will then stop using or sharing your PHI, but we may already have used or shared some of it, and we cannot change that.

_____ _____
Signature of client or his or her personal representative Date

_____ _____
Printed name of personal representative Relationship to the client

_____
Signature of authorized representative of this office

Date of NPP _____ ___ Copy of NPP given to client/parent/personal representative

Updated 6/18/19