

## **Behavioral Pediatric & Family Therapy Program**

### **Client Consent Form**

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our Notice before signing this consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or healthcare operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you as described in our Notice of Privacy Practices. You have the right to revoke this consent in writing, except where we have already made disclosures in reliance on your prior consent.

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Signature of Patient or Responsible Party

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Date

Reason Patient / Responsible Party is Unable to Sign (if applicable)

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Behavioral Pediatric & Family Therapy Staff / Witness

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Date