

SHANNON WEISE COUNSELING, LLC

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CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Shannon Weise Counseling, LLC to use and disclose protected health information (PHI) about me (or the client I represent) to carry out treatment, payment activities or other administrative purposes. (Notice of Privacy Practices provides a more complete description of such uses and disclosures.) I acknowledge I have been offered a copy of the Notice of Privacy Practices. I understand I have the right to review the Notice of Privacy Practices prior to signing this consent. Shannon Weise Counseling, LLC reserves the right to change its Notice of Privacy Practices at any time. A revised copy can be requested via email or in-person. I understand I have the right to ask Shannon Weise Counseling, LLC to restrict how it uses or discloses my PHI to carry out treatment, payment activities or administrative purposes and that my request must be made in writing. However, Shannon Weise Counseling, LLC is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

With this consent, Shannon Weise Counseling may relay any items that assist the practice in carrying out treatment, payment activities or other administrative purposes such as appointment reminders, insurance issues, account statements, etc. to the following persons.

<i>Name:</i>	<i>Name:</i>
<i>Relationship to Client:</i>	<i>Relationship to Client:</i>

I understand that I have the right to revoke this consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this form (or later revoke it) I acknowledge Shannon Weise Counseling, LLC reserves the right to decline to provide treatment to me.

By signing this form, I am consenting to Shannon Weise Counseling, LLC's use and disclosure of my PHI to carry out treatment, billing activities, and other administrative purposes.

<i>Signature of client (age 14 and up) or personal representative</i>	<i>Date</i>
<i>Printed name of client or personal representative</i>	<i>Relationship to Client</i>