

CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

1. Permission to Use and Disclose My Health Information. By signing this form, I give Wayne Behavioral Service, LLC permission to use and/or disclose my health information to carry out treatment, payment or health care operations.
2. Right to Refuse. I have the right not to sign this consent. If I refuse to sign this consent, Wayne Behavioral Service, LLC will not provide me with treatment until I consent. However, treatment required by law, such as emergency care, can be provided to me whether or not I sign this consent.
3. Right to Review Notice of Privacy Practices. Wayne Behavioral Service, LLC has provided me with a copy of their Notice of Privacy Practices which describes how Wayne Behavioral Service, LLC may use and disclose my health information. I have the right to review this Notice before signing this consent.
4. Changes to the Privacy Notice. Wayne Behavioral Service, LLC may change the Notice of Privacy Practices as needed. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing.
5. Right to Request Restrictions on Use/Disclosure. I have the right to request that Wayne Behavioral Service, LLC restrict how they use and/or disclose my PHI for the purpose of providing treatment, obtaining payment for services, and/or conducting health care operations. Wayne Behavioral Service, LLC is *not required* to agree to any restriction I request. If Wayne Behavioral Service, LLC does decide to agree to my request, they must restrict their use and/or disclosure of my PHI the way I asked. Because of the number, complexity, and nature of the services they deliver, Wayne Behavioral Service, LLC will rarely agree to requests to restrict uses and disclosures of my PHI for the purposes of treatment, payment, and healthcare operations. If I wish to request restrictions I can contact Cindy O'Donnell, Office Manager. Wayne Behavioral Service, LLC will notify me of the decision to accept or decline my restrictions.
6. Right to Withdraw Consent. I have the right to withdraw this consent at any time. I must do this in writing. If I want to withdraw this consent, I can contact the Office Manager, Wayne Behavioral Service, LLC, 401 Hamburg Tpke, Suite 302, Wayne, NJ 07470. Note that my withdrawal of this consent will *not* be effective for uses and/or disclosures that have already been made based on my prior consent. If I withdraw this consent, then Wayne Behavioral Service, LLC, by law, is unable to provide to me further treatment or follow-up, other than required emergency services.
7. Effective Period. This consent is good unless and until I withdraw it in writing.
8. References to "I" or "me". References to "I" or "me" in this Consent include the individual for whom the signing party is authorized to sign. If I am signing this consent on behalf of another person, it is because I am the legal guardian, parent, or agent under an active Power of Attorney for Health Care, and am legally authorized to sign this Consent on behalf of the individual.

Patient Name: _____(please print)

Patient or Authorized Representative's Signature: _____

Authorized Representative's Relationship to Patient: _____(please print)

Date: _____