

# HIPAA Consent Form

Mt Hope Counseling LLC's Notice of Privacy Practices provides information about how we may use or disclose protected health information. The notice is available on the Mt. Hope Counseling website, posted in-office, or by request.

The notice contains a patient's rights section describing your rights under the law. By signing this form, you acknowledge that you have been provided the Notice of Privacy Practices and have read and understood it.

The terms of the notice may change, if so, you will be notified to update your signature.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment, or healthcare operations. Mt Hope Counseling LLC is not required to agree with certain requested restrictions. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information. You have the right to revoke this consent in writing at any time. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- 1) Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- 2) Mt Hope Counseling LLC reserves the right to change the privacy policy as allowed by law.
- 3) The patient has the right to revoke this consent in writing at any time and all disclosures and uses of protected information will then cease.
- 4) Mt Hope Counseling LLC may condition receipt of treatment upon execution of this consent.

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Signature

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Date