



Hoxworth Counseling Services

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PF 2000 CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Uses and Disclosure of Your Protected Health Information

Your protected health information will be used by Hoxworth Counseling Services or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the "Notice of Privacy Practices" document for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of your Information

You may request a restriction on the use or disclosure of your protected health information. Hoxworth Counseling Services may or may not agree to restrict the use or disclosure of your protected health information. If Hoxworth Counseling Services agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

Hoxworth Counseling Services reserves the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed this consent form and received a copy of the Hoxworth Counseling Services "Notice of Privacy Practices" and give my permission to Hoxworth Counseling Services to use and disclose my health information in accordance with it.

Date

Name of Client (Print or Type)

Client Signature

Signature of Client Representative

Relationship of Client Representative