

Gwen Burson, MFT
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**CONSENT TO USE AND DISCLOSE YOUR HEALTH
INFORMATION**

This form is an agreement between you, _____

and me, Gwen Burson, MFT. When I use the word “you” below, it can mean you or your child, relative, or other person if you have written their name here: _____.

When I examine, test, diagnose, treat, or refer you I will be collecting what the law calls Protected Healthcare Information (PHI) about you. I need to use this information here to decide on what treatment is best for you and to provide any treatment to you. I may also share this information with others to arrange payment for your treatment. If you are using insurance to pay for any part of your treatment, I may share information which the insurance company requires to document the services you receive.

By signing this form you are agreeing to let me use your information here and share it with the others as mentioned above. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. Please read this before your sign this consent form.

If you do not sign this consent for agreeing to what is in our Notice of Privacy Practices I cannot treat you.

In the future, I may change how we use and share your information and so may change my Notice of Privacy Practices. If I do change it, you will be notified, and can get an updated copy from me.

If you are concerned about some of your information, you have the right to ask me to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to do as you asked.

After you have signed this consent, you have the right to revoke it in writing. I will comply with your wishes about using or sharing your information from that time on, but I may already have used or shared some of your information and cannot change that.

Signature of client (or personal representative)

Date

Printed name of client (or personal representative)

Relationship to client

Description of personal representative’s authority (if necessary)

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NOTICE OF PRIVACY PRACTICES BRIEF VERSION

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My Commitment to your Privacy

I am dedicated to maintaining the privacy of your personal health information (PHI) as part of providing professional care. I am also required by law to keep your information private. These laws are complicated, but I must give you this important information. This pamphlet is a shorter version of the full, legally required NPP (Notice of Privacy Practices) which you received along with this. Please refer to the full NPP for more information. Since I can't cover all possible situations, please talk with me about any questions or problems.

I will use the information about your health which I get from you or from others mainly to provide you with treatment, to arrange payment for my services and for some other business activities which are caviled in the law, health care operations. After you have read this NPP I will ask you to sign a Consent Form to let me use and share your information. **If you do not consent and sign this form, I cannot treat you.**

If I, or you, want to use or disclose (send, share, release) your information for any other purposes I will discuss this with you and ask you to sign an Authorization form to allow this.

Of course, I will keep your health information private, but there are some times when the laws require me to use or share it. For example:

1. When there is a serious threat to your health and safety or to the health and safety of another individual or the public. I will only share information with a person or organization that is able to help prevent or reduce the threat. I am legally required to report suspected abuse of children or dependent adults.
2. Some lawsuits and legal or court proceedings.

3. For Workers Compensation and similar benefit programs.

There are some other situations like these which don't happen very often. They are described in the longer version of the NPP.

Your rights concerning your health information

1. You can ask me to communicate with you about your health and related issues in a particular way or at a certain place, which is more private for you. For example, you can ask me to call you at home and not at work to schedule or cancel an appointment. I will try my best to do as you ask.
2. You have the right to ask me to limit what I tell people involved in your care or the payment for your care such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep my agreement **except** if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information I have about you such as your medical and billing records. You can even get a copy of these records but I may charge you for them. Speak with your therapist to arrange to see your records.
4. If you believe the information in your records is incorrect or missing important information, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to your therapist. You must tell me the reasons you want to make the changes.
5. You have the right to a copy of this notice. If I change this NPP I will post the new version in my waiting area and you can always get a copy of the NPP from your therapist.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with your therapist and with the Board of Behavioral Sciences. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.

If you have any questions regarding this notice, or my health information privacy policies please speak with me.

The effective date of this notice is April 14, 2003.