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Consent to use and disclose your health information
This form refers to the HIPAA Notice of Privacy Practices. If you would like a copy of the NPP for your records, please ask Sonja Glad.

This form is an agreement between you and your provider. When we use the word "you" below, it will mean you or your child, relative, or other person if you have written his or her name here:

_____.

When we examine, diagnose, treat, or refer you we will be collecting what the law calls **Protected Health Information (PHI)** about you. We use this information in our office to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who provide treatment to you or use it to arrange payment for your treatment or for other business or government functions.

By signing this form you are agreeing to let us use your information here and send to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. **Please read the Notice of Privacy Practices before you sign this consent form.**

In the future we may change how we use and share your information and so may change our Notice of Privacy Practices. If we do change it, you can get a copy by calling us at :
(217) 720-5981.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You may list these on the Client Directives for confidentiality form in this packet. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time on but we may already have used or shared some of your information and cannot change that.

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to the client

Description of personal representative's authority