

Consent to Use and Disclose Your Health Information

This form is an agreement between you and Orion Counseling, LLC (“Orion”). When we use the words “you” and “your” below, this can mean you, your child, a relative, or some other person if you have written their name(s) here: _____.

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls “protected health information” (PHI) about you. Orion needs to use this information to decide on what treatment is best for you and to provide treatment to you. Orion may also share this information with others to arrange payment for your treatment, collect payment for your treatment through collection agencies, to help carry out certain business or government functions, or to help provide other treatment to you.

By signing this form, you are agreeing to let Orion use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read our notice of privacy practices, which explain in more detail what your rights are and how Orion can use and share your information.

If you do not sign this form agreeing to Orion’s practices, you cannot be treated. In the future, Orion may change how your information is used and shared, and the notice of privacy practices may change. If Orion Counseling, LLC, does change it’s policies, you can get a copy from Marian Frick Rigsbee (Owner).

If you are concerned about your PHI, you have the right to ask Orion to not to use or share some of it for treatment, payment, or administrative purposes. You will be required to tell Orion so in writing. Although Orion will try to respect your wishes, Orion is not required to accept these limitations. However, if Orion does agree, Orion promises to do as you have asked.

After you have signed this consent, you have the right to revoke it by writing. Orion will then stop using or sharing your PHI, but Orion may already have used or shared some of it, and Orion cannot change that.

Signature of client or parent/guardian/legal representative

Date

Printed name of client or parent/guardian/legal representative

Relationship

Signature of Therapist of Orion Counseling, LLC

Date