

Granberry Counseling Centers

A ministry of the Louisiana Baptist Children's Home

Granberry Counseling Centers

7200 DeSiard St Monroe, LA 71203-3954

(318)345-8200; (877)345-7411 (toll-free); (318)342-8049 (fax)

Consent to use and disclose your health information

When we examine, test, diagnose, treat, or refer you we will be collecting what the law calls Protected Healthcare Information (PHI) about you. We need to use this information here to decide on what treatment is best for you and to provide any treatment to you or need 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 it to others as referenced in the Privacy Practices Statement. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. *Please read the Privacy Practices statement before signing this form.*

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

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 318-345-8200, or from our Privacy Officer.

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 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 do as you asked.

After you have signed this consent, you have the right to revoke it (by writing a letter to our Privacy Officer 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.

May we send mail to your home address? (circle one) YES NO

I acknowledge that I have received a copy of Notice of Privacy Practices (HIPAA) and Mental Health Consumers' Rights.

_____/_____
Signature of all adults present

Date

_____/_____
Printed name of client or personal representative

Relationship to the client

Signature of authorized representative of this office or practice

Date of NPP/Consumers' Rights _____ Copy given to the client/parent/personal representative