

MidWest Behavioral Health

Client Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you or your child. You have the right to review this Notice before signing this consent. The terms of our Notice may change. If changes are made, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you or your child is used or disclosed for treatment, payment or healthcare operations. We are not required to agree to such a restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you as described in our Notice of Privacy Practices. You have the right to revoke this consent in writing, except to the extent that we already have made disclosures in reliance on your prior consent.

Signature of Patient or Responsible Party

Date

Reason Patient/Responsible Party is unable to sign (if applicable)

Signature of Office Staff or Other Witness

Date