

Meadville Location
18278 Technology Drive
Meadville, PA 16335
(814) 332-0095



Erie Location
2437 West 26th Street
Erie, PA 16506
(814) 455-0754

AUTHORIZATION FOR USE and/or DISCLOSURE OF HEALTH INFORMATION to CARRY OUT TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I understand that any of my personal health information (other than notes from any therapy sessions) may be used and/or disclosed by Counseling and Assessment Services for purposes of carrying out treatment, obtaining payment, and carrying out other health care operations of the practice.

I can be provided a copy of the Notice of Privacy Practices, which I understand provides a more complete description of possible uses and disclosures of my health information.

I understand that it is my right to review the Notice of Privacy Practices prior to signing this consent form.

I also understand that the terms of the Notice of Privacy Practices may change in the future and that I may obtain a copy of the Notice of Privacy Practices in effect at any given time (whether or not it has ever been changed).

I understand that I have a right to request that Counseling and Assessment Services, LLC restrict how my health information is used or disclosed to carry out treatment, payment or other health care operations, but I also know that Counseling and Assessment Services, LLC is not required to agree to any such request.

I understand that I have a right to revoke this consent at any time in writing.

I also understand that, if I chose to revoke my consent, it can only be revoked to the extent that Counseling and Assessment Services, LLC has not acted in reliance upon the consent.

I hereby voluntarily and knowingly consent to allow Counseling and Assessment Services, LLC to use and/or disclose my health information as deemed appropriate to carry out treatment, payment, and/or other health care operations of the practice.