



HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTIFICATION

I consent to the use or disclosure of my protected health information (PHI) by Donarski Center for Mental Health Counseling (DCMHC) for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations of DCMHC.

I understand that diagnosis or treatment of me by DCMHC may be conditioned upon my consent as evidenced by my signature of this document.

I understand I have the right to request a restriction as to how my PHI is used or disclosed to carry out treatment, payment, or health care operations. DCMHC is not required to agree to the restrictions I may request. However, if DCMHC agrees to said restriction, the restriction is binding with DCMHC.

I have the right to revoke this consent, in writing, at any time, except to the extent that DCMHC has taken action in reliance on this consent.

My Protected Health Information means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand that I have a right to review DCMHC's Notice of Privacy Practices before signing this document. A copy of the DCMHC Notice of Privacy practices is available to me by request. The Notice of Privacy Practices describes the types of uses and disclosures of my PHI that will occur in my treatment, payment of my bills or in the performance of health care operations of DCMHC.

This Notice of Privacy Practices also describes my rights and the duties of DCMHC with respect to my PHI. DCMHC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain revised notice of my privacy practices by contacting the DCMHC offices at (269) 982-3832 and requesting a revised copy be sent in the mail, email or asking for one at the time of my next appointment.