MARTEL
CONSULTING
ASSOCIATES

FOCUS.COMMIT.REALIZE.

Consent to Use and Disclose Your Health Information

This form is an agreement between you, ________________________________
and me, **Les Martel, Ph.D**. When I use the word "you" below, it will mean your child, relative, or other person if you have written his/her name here____________________________.

When I examine, diagnose, treat, or refer you, I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information here to decide on what treatment is best for you and to provide treatment to you. I may also share this information with others who provide treatment to you or need it to arrange payment for your treatment of for other business or government functions.

By signing this form you are agreeing to let me collaborate with others with your written permission. The Notice of Privacy Practices explains in more detail your rights and how I can use and share your information. Please read this before you sign this Consent form.

If you are concerned about some of your information, you have the right to ask me not to use or share some of your information for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations. However, if I do agree, I promise to comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling me that you no longer consent) and I will comply with your wishes about using or sharing your information from that time on, but I may already have used or shared some of your information and cannot change that.

____ ________________
Signature of client or his/her personal representative Date

____ ________________
Printed name of client or personal representative Relationship

____
Description of personal representative's authority

Date of NPP_________________ [ ] Copy given to client/parent/personal representative