

JANIS B. RICE, M.A., L.P.C.

**17049 El Camino Real #208
Houston, Texas 77058
(281) 538-8008**

Consent to Use and Disclose Your Health Information

This form is an agreement between you, _____ and me, Janis B. Rice, M.A., L.P.C. When I use the word "you" below, it can mean you, your child, a relative, or another person if you have written his or her name here _____.

When I examine, test, 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 to decide on what treatment is best for you and to provide any 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 or for other business or government functions.

By signing this form, you are agreeing to let me use your information and send it to others. The Notice of Privacy Practices (NPP) explains in more detail your rights and how I can use and share your information. Please read the NPP before you sign this Consent form.

If you do not sign this Consent form agreeing to what is in my Notice of Privacy Practices, I cannot treat you.

In the future, I may change how I use and share your information and may change my Notice of Privacy Practices, which you hereby acknowledge you have been provided. If I do change it, you can get a current copy from my office, by contacting me by telephone at (281) 538-8008, or by mailing a request to: 2951 Marina Bay Drive #130-114, League City, TX 77573.

If you are concerned about some of your information, you have the right to ask me to not 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 those limitations. However, if I do agree, I promise to do as you asked.

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

Signature of client or his or her personal representative

Date

Printed name of client or personal representative

Relationship to client

Description of personal representative's authority

Janis B. Rice, M.A., L.P.C.