Dawn Womack, MSW, LCSW, BACS
Child & Adolescent Counseling, LLC
12320 Hwy 44, Building 3D Gonzales, LA 70737
Phone (225-647-5500) Fax (225-208-1366)

HIPAA PRIVACY RULE CONSENT FORM

“I understand that as a condition to receiving my treatment, Dawn Womack may use or disclose my personally identified health information for treatment, to obtain payment for the treatment provided, and as necessary for the operations of this office. These uses and disclosures are more fully explained in the Privacy Notice that has been provided to me and which I have had the opportunity to review.

I understand that the privacy practices described in the “Notice of Privacy Practices” may change over time, and that I have the right to obtain any revised Privacy Notices, if requested.

I also understand that I have the right to request Dawn Womack to restrict how my health information is used or disclosed. Dawn Womack does not have to agree to my request for the restriction, but if Dawn Womack does agree, she is bound to abide by the restriction as agreed.

Finally, I understand that I have the right to revoke/withdraw this consent, in writing, at any time. My revocation/withdrawal will be effective to the extent that Dawn Womack has taken in reliance of my consent for use or disclosure of my health information. Provision of future treatment may be withdrawn if I withdraw my consent.”

_____

Signature

_____

Date