



Consent to Use and Disclose Your Health Information

This form is an agreement between you ("client") and your assigned clinician at Beautiful Journey Counseling. When the words "you" and "your" are used below, this can mean you, your child, a relative, or some other person known as "client".

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls "protected health information" (PHI) about you. We use this information to decide what treatment is best for you and to provide the actual treatment. We may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment for you. By signing this form, you are also agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information.

Additional Protections for Substance Use Disorder (SUD) Information

Information related to substance use disorder (SUD) treatment is protected by federal and state confidentiality laws. We will not disclose SUD-related information without your written authorization, except as permitted or required by law.

If you do not sign this form agreeing to our privacy practices, you cannot be treated. In the future, we may change how we use and share your information, and so we may change our notice of privacy practices. If we do change it, you can get a copy by emailing Shalaka Gupte, Executive Director: shalakagupte@beautifuljc.com.

If you are concerned about your PHI, you have the right to ask us not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to accept these limitations. However, if we do agree, we promise to do as you asked. After you have signed this consent, you have the right to revoke it by requesting this in writing.

Signature of client or his or her personal representative

Date

Signature of client aged 14 to 18 years old

Date