



CONSENT TO USE PROTECTED HEALTH INFORMATION (PHI) FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

I consent to allow Eastern Slope Counseling & Consulting, LLC (ESCC) to use or disclose my protected health information for treatment, payment and health care operations.

Treatment means the provision, coordination, or management of health care and related services by one or more health care providers.

Payment means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.

Health care operations means conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals, underwriting and other activities related to health insurance contracts; medical reviews; legal auditing functions; and business management and general administrative activities of ESCC.

I consent to allow ESCC to disclose my protected health information for treatment activities of another health care provider.

I consent to allow ESCC to disclose my protected health information to another covered entity or to another health care provider for the payment activities of the entity that receives the information.

I consent to allow ESCC to disclose my protected health information to another covered entity for health care operation activities, provided that the other covered entity has or had a relationship with the below named individual. The disclosure must be for treatment, payment, or health care operations or for the purpose of health care fraud and abuse detection or compliance.

Client Name (Printed)

Signature of Client/Authorized Representative

Signature of ESCC Representative

Date: _____