David J. Reynolds, Ph.D.
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501 Columbia NW, Suite E
Olympia, Washington 98501

Consent to use and disclose your health information

This form is an agreement between you, _____ and myself.
When I use the word "you" below, it will mean your child, relative, or other person if you have written his or 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 or for other business or government functions.

By signing this form you are agreeing to let us use your information here and send to others. 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 do not sign this consent form agreeing to what is in our Notice of Privacy Practices I cannot treat you.

In the future I may change how I use and share your information and so may change my Notice of Privacy Practices. If I do change it, you can get a copy by calling me at (360) 754-5354.

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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 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 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 or her personal representative Date

_____ _____
Printed name of client or personal representative Relationship to the client

_____
Description of personal representative's authority

Date of NPP _____ ☐ Copy given to the client/ parent/personal representative.