

Susan D. Griffith, Ph.D., Clinical Psychologist, Psychotherapist

Consent to Use and Disclose Your Health Information

This form is an agreement between you Susan D. Griffith, Ph.D., Clinical Psychologist.

When we work together as client and therapist I will be collecting what the law calls Protected Health Information (PHI) about you. I need to use this information to arrange insurance company payment for your treatment. By signing this form you are agreeing to let me use your information only in that way.

If you are concerned about some of your information, you have the right to ask me not to share it for treatment, payment, or administrative purposes.

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