

**CONSENT FORM**  
**Consent To Use And Disclose Your Health Information**  
**Scarlett N Williams, LPC**

This form is an agreement between you, \_\_\_\_\_  
and me: Scarlett N. Williams. The word “you” below will mean you yourself  
unless you have written the name of your child, relative, or other person here:  
\_\_\_\_\_, in which case the word “you” below will refer to that person.

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 me use your information here and send it to others. The Notice of Privacy Practices (NPP) explains in more detail your rights and how I can use and share your information. Please read the NPP before you sign this Consent Form.

**If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.**

In the future I may change how I use and share your information and so may change our Notice of Privacy Practices. If I do change it you can get a copy by calling me at 540.818.2838. 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 will comply with your wish.

After signing this consent, you have the right to revoke it by writing a letter telling me you no longer consent. I will comply with your wishes about using or sharing your information from that time on, but may already have used or shared some of your information and can't change that.

\_\_\_\_\_  
Signature of client:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed name of client:

\_\_\_\_\_  
Signature of parent of client or personal representative of client

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed name of parent of client or personal representative of client

Description of personal representative's authority: \_\_\_\_\_

Date of NPP: \_\_\_\_\_ Copy given to the client/parent/personal representative. (Y/N)