Parkaire Consultants, Inc.
4939 Lower Roswell Road □ Building C □ Suite 201 □ Marietta, Georgia 30068 □ (770) 578-1519

CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Federal regulations (HIPAA) allow me to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services we provide, and for other professional activities (known as “health care operations”). Nevertheless, I ask your consent in order to make this permission explicit. The Notice of Privacy Practices describes these disclosures in more detail. You have the right to review the Notice of Privacy Practices before signing this consent. We reserve the right to revise our Notice of Privacy Practices at any time. If we do so, the revised Notice will be posted in the office. You may ask for a printed copy of our Notice at any time.

You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment, or health care operations; however, we do not have to agree to those restrictions. If we do agree to a restriction, that agreement is binding.

You may revoke this consent at any time by giving written notification. Such revocation will not affect any action taken prior to the time consent is revoked.

This consent is voluntary; you may refuse to sign it. However, we are permitted to refuse to provide services if this consent is not granted, or if the consent is later revoked.

The undersigned certifies that he/she has read and accepts the foregoing, has received a copy of the notice of privacy practices, and is the client, or the client’s personal representative.

Signature of the client or his or her personal representative	Relationship to client
Printed name of client or personal representative	Date
Signature of authorized representative of this office or practice	Date