

Hanna Del Toro, LCSW
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Phone (512) 797-5871 Fax (512) 774-6132

**CONSENT TO USE OR DISCLOSE INFORMATION FOR
TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
(TPO)**

Patient/Client Name: _____

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 I provide, and for other professional activities (known as “healthcare 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. I reserve the right to revise my Notice of Privacy Practices at any time. If I do so, the revised Notice will be posted in the office or presented to you at the time of your appointment. You may ask for a printed copy of my Notice at any time.

You may ask me to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment, or healthcare operations: however, I do not have to agree to these restrictions. If I 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 in reliance on the consent prior to the revocation.

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

I hereby consent to the use or disclosure of my protected Health Information as specified above.

Signature of Patient/Client: _____ Date: _____

Witness: _____ Date: _____

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Date of Birth

Signature

Date

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Other (Please specify)

