

# WARREN COUNSELING SERVICES

## CLIENT CONSENT FORM

I understand that as part of my healthcare, the undersigned therapist originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment, psychotherapy notes, and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

The *Notice of Privacy Practices* for E. SCOTT WARREN provides specific information and a thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the *Notice of Privacy Practices* and I have been given the opportunity to review the notice prior to signing this consent. Before implementation of any revised *Notice of Privacy Practices*, the revised *Notice* will be mailed to me at the address I designate below. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that I am not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that E. SCOTT WARREN has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I request the following restrictions on the use and/or disclosure of my personal health information.

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Therapist response:       Agree to restriction                       Do not agree to restriction

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Therapist response:       Agree to restriction                       Do not agree to restriction

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Therapist response:       Agree to restriction                       Do not agree to restriction

I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I have been provided and have received E. SCOTT WARREN *Notice of Privacy Practices* dated January 1, 2009.

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Signature of Client or Legal Representative

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Date

I request that changes to the *Notice of Privacy Practices* be sent to me at this address:

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E. Scott Warren, PhD, LPC

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Date