

ANNE M. PINCUS, PH.D
CLINICAL PSYCHOLOGIST # PSY 17590

Consent for Purposes of Treatment, Payment & Healthcare Operations

In this document “I” and “my” refer to the patient,
and “Psychologist” refers to Anne M. Pincus, PhD

I consent to the use or disclosure of my protected health information by Psychologist for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or conducting clinical care and psychotherapy I understand that analysis, diagnosis or treatment of me by Psychologist may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Psychologist is not required to agree to the restrictions that I may request. However, if Psychologist agrees to the restriction that I request, the restriction is binding on the psychologist. I have the right to revoke this consent, in writing, at any time, except to the extent that Psychologist has taken action in reliance on this Consent.

My “Protected Health Information” means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of Psychologist and understand that I have a right to read that Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Psychologist. The Notice of Privacy Practices is also posted next to the restroom at the practice address of Dr. Pincus. This Notice of Privacy Practices also describes my rights, as well as the duties of the Psychologist with respect to my Protected Health Information.

The Psychologist reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of Dr. Pincus and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Printed Name of Patient

Date of Signing

Description of Personal Representative’s Authority