

## Consent to Use and Disclose Your Health Information Lancaster Psychotherapy

This form is an agreement between (client) \_\_\_\_\_,  
and Susan Cabouli, Ph.D. When I use the words "you" and "your" below, this means  
you or a person whom you legally or personally represent if you have written his or her  
name here: \_\_\_\_\_.

When I examine, evaluate, 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 in my  
office to decide what treatment is best for you and to provide this treatment to you. I  
may also share your PHI with others to arrange payment for your treatment, help others  
provide other treatment to you, or carry out certain business functions.

By signing this form, you are agreeing to let me use your PHI here and send it to others  
for the purposes described above. Your signature below acknowledges you have read  
or heard my Notice of Privacy Practices (NPP), which explains in more detail what your  
rights are and how I can use and share your information. If you do not sign this form  
agreeing to my privacy practices, I cannot treat you because I need to use your PHI to  
evaluate, diagnose and treat you.

In the future, I may change how I use and share your PHI, so I may change my NPP. If I  
do change it, you can get a copy of it from my website at [lancasterpsychotherapy.com](http://lancasterpsychotherapy.com)  
or from me. I can be reached at (717) 475-7263.

You have the right to revoke this consent by writing to me. I will then stop using or  
sharing your PHI, but I cannot revoke your PHI that I have already used or shared.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of legal representative

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Susan Cabouli, Ph.D, Clinical Psychologist, License #PS006748L

\_\_\_\_\_  
Date

Copy given to the client/parent/personal representative \_\_\_\_\_ Date of NPP 10/1/2017