

**Consent for Release of Information for Treatment,  
Payment and Healthcare Operations**

I hereby authorize *Inner Peace Counselors, PLLC* (office) and/or my therapist to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. **I understand that while this consent is voluntary, if I refuse to sign this consent, the office can refuse to treat me.**

I have been given a ("Notice") which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations.

I understand that I may revoke this consent at any time by notification in writing, but if I revoke my consent, such revocation will not affect any actions that the Office took before receiving my revocation.

I understand that the Office has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

I understand that I have the right to request that the Office restrict how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations.

I understand that the Office does not have to agree to such restrictions, but that once such restrictions are agreed to, the Office must adhere to such restrictions.

**COMMUNICATIONS**

I hereby authorize the office and/or my therapist to communicate with me through: **(please provide where applicable)**

e-mail address \_\_\_\_\_

Messages left at home \_\_\_\_\_ work \_\_\_\_\_ cell phone \_\_\_\_\_

Please list any Family or Friends that Inner Peace Counselors, PLLC may release medical/billing information to:

_____	phone# _____
_____	phone# _____
_____	phone# _____

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Signature of Client**

**Date** \_\_\_\_\_

**Date** \_\_\_\_\_

If you have any questions, concerns, or complaints about the Notice or your medical information please contact:  
Rosemary Behrens at 832-470-7890