Yorlan
PSYCHOLOGICAL
ASSOCIATES

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Consent to Participate in Treatment at Yorlan Psychological Associates and Use Your Personal Health Information (PHI)

I, _____agree to allow my therapist, _____
at Yorlan Psychological Associates to perform the following services:

- ❑ Psychological assessment, evaluation, or testing
- ❑ Psychotherapy
- ❑ Other: _____

I understand these services may include direct, face-to-face contact, interviewing, or testing. They may also include time required to read records, consultations with other professionals, scoring of tests, interpreting results, and any other activities to support these services.

When we examine, diagnose, treat, or refer you we will be collecting what the law calls **Protected Health Information (PHI)** about you. We need to use this information to determine the best treatment and provide treatment. We may also need to share this information with others to arrange payment for your treatment or for specific business or government functions. It is our personal commitment, as well as our legal duty to protect your privacy.

By signing this form, you agree to let Yorlan use your information and send it to others to facilitate treatment/payment, or to comply with government regulations. The **HIPAA "Notice of privacy Practices"** explains in detail your rights and the ways in which we can use and share your information. Please read this before you sign this consent form. Federal law requires you to sign this consent form and agree to HIPPA "Notice of Privacy Practices," so that we can treat you.

If you are concerned about some of your information, you have the right to ask us not to use or to share some of your information for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. While we will try to respect your wishes, we are not required to agree to these limitations and we will inform you when we cannot. If we do agree with your request, we will make every effort to comply with your wishes.

After you have signed this consent, you have the right to revoke it by writing a letter telling us you no longer consent and we will comply, but may have already shared some of your information with our informed consent and cannot change that.

Client Signature: _____ Date: _____
(Or Responsible Party)

Printed Name of Client: _____ _____
(Or Responsible Party) Relationship to Client

Description of Personal Representative's Authority: _____

Revised 2/24/2019 Copy: Accepted Declined