

RECEIPT OF SAMARITAN CENTER'S NOTICE OF PRIVACY PRACTICES

I, (print name) _____, have received a copy of the Samaritan Center's Notice of Privacy Practices.

Signature _____ Date _____

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I (print name) _____, have had full opportunity to read and consider the Samaritan Center's Notice of Privacy Practices. By signing this form, I give my consent to use and disclose my protected health information in the ways described in the Notice of Privacy Practices, including the following ways:

1. To your physician or other healthcare provider who is also treating you.
2. To anyone on our staff involved in your treatment program.
3. To any person required by federal, state, or local laws to have lawful access to your treatment program.
4. To receive payment from a third party payer for services we provide for you.
5. To our own staff in connection with our Center's operations. Examples of these include, but are not limited to, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.
6. To anyone you give us written authorization to have your health information, for any reason you want. You may revoke this authorization in writing anytime you want. When you revoke an authorization, it will only affect your health information from that point on.
7. To a family member, a person responsible for your care, or your personal representative in the event of an emergency. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to use or disclose your health information in your best interest at that time. In so doing, we will only use or disclose the aspects of your health information that are necessary to respond to the emergency.
8. To inform both authorities as well as potential victims in situations where disclosure is required by applicable state laws governing abuse, neglect, criminal activities, domestic violence, and other threats to health/safety (yours as well as others'), etc.

I am aware that I may revoke this consent at any time by submitting a "REVOCATION OF CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION" form to the Samaritan Center. I am also aware that I may register a complaint about the Samaritan Center's use of my protected health information through submitting the "COMPLAINT REGARDING THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION" form to the Samaritan Center.

Signature _____ Date _____