

Ostermiller Counseling Services, Inc.
242 East 7th North, Suite 4
Rexburg, ID 83440
(208) 359-9683
Fax (208) 359-0889

HIPAA Consent Form

I consent to the use or disclosure of my protected health information by Ostermiller Counseling Services, Inc. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or conducting health care operations of Ostermiller Counseling Services, Inc. I understand that diagnosis or treatment of me by Ostermiller Counseling Services, Inc. may be conditioned upon my consent as evidenced by my signature on this document.

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. Ostermiller Counseling Services, Inc. is not required to agree to the restrictions that I may request. However, if Ostermiller Counseling Services, Inc. agrees to a restriction that I request, the restriction is binding on Ostermiller Counseling Services, Inc.

I have the right to revoke this consent, in writing, at any time, except to the extent that Ostermiller Counseling Services, Inc. has acted in reliance on this consent.

My “protected information” means health information, including my demographic information, collected from me and created or received by my counselor, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information related 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 understand I have a right to review Ostermiller Counseling Services, Inc. Notice of Privacy Practices before signing this document. Ostermiller Counseling Services, Inc. Notice of Privacy Practices has been provided to me. 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 Ostermiller Counseling Services, Inc. The Notice of Privacy Practices for Ostermiller Counseling Services Inc. is also posted in the reception office. This Notice of Privacy Practices also describes my rights and Ostermiller Counseling Services, Inc. duties concerning my protected health information.

Ostermiller Counseling Services, Inc. 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 practice by calling the office and requesting a revised copy be sent in the mail or asking for one at my next appointment.

Signature of Patient or Legal Guardian

Date