Marcann Mental Health Services

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Glendale, AZ 85373

Office; 602-550-8972

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Consent of services

This consent is required by the Health Insurance Portability and Accountability act of 1996 to inform you or your rights for privacy with respect to your health care information.

Consent Related to Privacy Notice

I have had the chance to review the practice privacy notice as part of this agreement process. I understand that the terms of the privacy notice may change and I may obtain these revised notices by contacting the practice by phone or in writing. I understand I have the right to request how my protected health information has been disclosed. I also have the right to restrict how the information is disclosed, but this practice is not required to agree to my restrictions. If it does agree to my restrictions on PHI use, it is bound by that agreement.

Consent for care

I with my signature authorize Marcann Mental Health Services, and any employee working under the direction health care provider to provide medical care for me. This medical care may include services rendered by the provider, supplies related to my health care and may include, but not limited to mental status/ function of the body. This consent includes contact and discussion with other health care professionals for care and treatment.

Consent to release medical records

I authorize Marcann Mental Health Services to furnish information to the identified insurance carrier(s) for any and all payment activities. I authorize this practice to release any and all medical records necessary for the purpose of my treatment. I may revoke this authorization at any time providing I send notification in writing to that effect. I understand that any releases which where not made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I understand that a photocopy of this authorization is considered acceptable In lieu of the original.

Patient Name:_____ Date:_____

Patient Signature: _____