



*Health and Therapy for Women*  
**HIPPA CONSENT FORM**

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act (HIPAA).

I understand that by signing this consent I authorize Lisa M. Petrongelly, PsyD, MSN, APRN-BC, FPA to use and disclose my protected health information to carry out: assessments, services, treatments (including direct or indirect treatment by other healthcare providers involved in my treatment); including day-to-day healthcare operations of the practice.

Patients files are stored on a cloud-based HIPPA compliant electronic medical software record system. The practice uses a number of vendors in the conduct of business. These vendors may have access to PHI but agree to abide by confidentiality rules of HIPAA.

I have also been informed of and given the right to review and secure a copy of Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of protected health information (PHI) and my rights under HIPAA.

I understand this practice reserves the right to change the terms of this notice and that you as the client may contact this practice at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my PHI is used and disclosed to carry out treatment, payment and health care operations, but are not required to agree to these requested restrictions. However, if in agreement, you are bound to comply with this restrictions.

**My signature below acknowledges that I have read and understand the above information and agree to the terms stated. I indicate that I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected. I am entitled to a copy of this agreement.**

Print Patient Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Date \_\_\_\_\_