Coyle & Mattern, LLC

www.noanxietytoday.com

Karen P. Mattern, LCSW, PhD

**Consent for Treatment**

This is an agreement between (client)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Karen P. Mattern, LCSW. (print)

During an initial information session, I will assess, possibly diagnose, treat, and may refer you to

other professionals. I will collect personal data which the federal and state laws consider protected health information (PHI). I will use this information during the course of therapy to provide treatment, arrange payment for treatment (including billing insurance companies, and other entities responsible for collection of payments).

By signing this form, you are agreeing to allow me use of your PHI to provide psychotherapy. The Notice of Privacy Practices (NPP) explains in detail your rights and how we agree to share this information. Please review the Brief Version (provided) before you sign this consent form. You may also read the complete version of NPP located in my shared office space.

By signing this *consent form* you are agreeing to the Notice of Privacy Practices (NPP) in order for me to provide therapeutic services to treat you.

In the future I may change how I use and share your information which may change my NPP. If I elect to make changes to the NPP, you may request a new copy in person, in writing, or you may call me at 772-617-2276.

If you are concerned about some of your information, you have a right to request that I do not share certain information for treatment, payment, or administrative purposes. You will have to make this request in writing, citing specific information I will try to respect your wishes, but I am not required to agree to these limitations. However, if I do agree, I promise to comply with your wishes.

After you sign this *consent form*,you have the right to revoke it by submitting a written request informing me of your desire to terminate consent or treatment.

Client signature or personal representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of client or personal representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of personal representatives’ authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_