



Tiffany Thibodeaux, LPC, NCC

Professional Counselor for Adults & Adolescents

CONSENT TO TREATMENT

- I understand that my involvement and cooperation is required and is key to successful treatment.
- I understand that my regular attendance and completion of therapeutic assignments are essential; and that failure to do so may result in termination of services.
- I also understand that Protected Health Information (PHI) is collected and stored on a database, and that at all times my privacy and care will be treated with the highest regard. I understand that my health information is protected/confidential and will not be released to any agency or individual without my knowledge and written consent except when required by law.
- I understand that the provision of treatment requires communication of PHI among Tiffany Thibodeaux's clinical and administrative staff, and my insurance / third-party payer. I understand that consultation with other health care providers may be necessary to provide the best treatment possible for me.
- I understand that consultation with my Primary Care Physician/Specialist about my specific diagnosis and treatment denotes the release of identifiable information; and requires my written consent. I understand that in general consultation with other health care providers, my identifiable information will not be release, and that my consent is not required.
- I understand that this Consent to Treatment shall remain in effect until further notice; and that I will be notified if modified.
- I consent to Tiffany Thibodeaux's use and disclosure of protected health information (PHI) for treatment, payment, and healthcare operations.
- I understand that this Consent to Treatment shall remain in effect until further notice; and that I will be notified if modified.

My signature is an acknowledgement of my receipt, understanding, and agreement to the conditions set forth by the policies referenced herein. If the client is under the age of 18 the responsible Parent or Guardian's Signature is Required.

Signature _____

Date _____