

Mark S. Rider, PhD

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CLIENT NOTICE OF PRIVACY PRACTICES CONSENT FORM

I understand that as part of my healthcare, the undersigned therapist originates and maintains health records describing my health history, symptoms, evaluations and test results, diagnosis, treatment, psychotherapy notes, and any plans for future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

The Notice of Privacy Practices for Mark S. Rider, Ph.D provides specific information and a thorough description of how my personal health information may be used and disclosed. I have been provided a copy of or access to the Notice of Privacy Practices and I have been given the opportunity to review the notice prior to signing this consent. I understand that revised Notice of Privacy Practices will be posted in the office and upon request, I will be supplied with a printed copy. I understand that I agree to no communication restrictions concerning normal business operations (scheduling, cancellations, etc.) I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and will request any restriction in writing. I also understand that Dr. Rider is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Mark S. Rider, Ph.D has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing.

I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

My preferred method of contact with Dr Mark Rider is texting _____, email _____, or phone calls _____ (To opt in, please check at least one).
Client information is never shared with third parties/affiliates for marketing/promotional purposes.

Signature of Client or Legal Representative

Date

Mark S. Rider, Ph.D., Licensed Psychologist

Date