

Notice of Privacy Practices - Consent

Consent for the use or disclosure of health information for treatment, payment, or health care operations.

Our Notice of Privacy Practices was provided to you and included information about how Dr. Michelle M. Forrester may use or disclose your personal and health information. We request your consent for the use and disclosure of mental health and medical information for treatment, payment, or health care operations. You have a right to review our Notice of Privacy Practices before signing this consent form.

By signing this consent form you:

- 1) acknowledge that a copy of our Notice of Privacy Practices has been provided to you; and
- 2) consent to our use and disclosure of your personal and health information for treatment, payment, or health care operations.

You have the right to revoke this consent in writing at any time, except where health information has already been used or disclosed in reliance upon this consent.

Child's Name

Child's Date of Birth

Parent/Guardian Signature

Date