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CONSENT TO USE AND DISCLOSE YOUR HEALTH INFORMATION (page 4 of 4)

This form is an agreement between you, _____, herein after referred to as "You or Your" and me, Rosanna O. Zavarella, Ph.D. "You and Your" may also mean your child, relative, or other person if you have written his or her name here: _____.

When we examine, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information here to decide on what treatment is best for you and to provide this treatment to you. We may also share this information with others who provide treatment to you when you choose to or need it to arrange payment for your treatment or other business or government functions, usually involving insurance payments.

By signing this form you are agreeing to let us use your information here and send to the others noted above. The Notice of Privacy Practices (NPP) explains in more detail your rights and how we can use and share your Information. Please read this before you sign this Consent form.

PLEASE NOTE: If you do not sign this Consent form agreeing to what is on this form and in our Notice of Privacy Practices we cannot treat you.

In the future we may change how we use and share your information, and so may change our Notice of Privacy Practices (NPP). If we do change or modify the NPP, you may get a copy by calling our offices at 216-321-3025 or from our Privacy Officer.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment, or for administrative purposes. You will have to inform us in writing of your request. Although, we will try to respect your wishes, we are not required to agree with these limitations. However, if we do agree, please be assured we will comply with your request.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and we will comply with your wishes about using or sharing your information from that time on but we may already have used or shared some of your information and cannot change that.

_____ Signature of Client or his/her Authorized Representative	_____ Date
_____ Print Name of Client or his/her Authorized Representative	_____ Relationship to the Client
_____ Description of Authorized Representative's legal authority to Client	

Date of NPP _____ Copy given to Client / Parent / Personal Representative