



ACE Speech and Language Clinic, LLC

"Communication keeps you in touch for a lifetime"

Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by ACE Speech and Language Clinic, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of ACE Speech and Language Clinic, LLC.

I understand that diagnosis or treatment of me by an ACE Speech and Language Clinic, LLC Therapist may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. ACE Speech and Language Clinic, LLC is not required to agree to the restrictions that I may request. However, if ACE Speech and Language Clinic, LLC agrees to a restriction that I request, the restriction is binding on ACE Speech and Language Clinic, LLC and the ACE Speech and Language Clinic, LLC Therapist.

I have the right to revoke this consent, in writing, at any time, except to the extent that an ACE Speech and Language Clinic, LLC Therapist or ACE Speech and Language Clinic, LLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review ACE Speech and Language Clinic, LLC's Notice of Privacy Practices prior to signing this document.

The ACE Speech and Language Clinic, LLC's Notice of Privacy Practices has been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the ACE Speech and Language Clinic, LLC.

The Notice of Privacy Practices for ACE Speech and Language Clinic, LLC is also provided in the client waiting room and on the ACE Speech and Language Clinic, LLC web site at www.acespeech.com

This Notice of Privacy Practices also describes my rights and the duties of an ACE Speech and Language Clinic, LLC Therapist with respect to my protected health information.

ACE Speech and Language Clinic, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised notice of privacy practices by accessing the ACE Speech and Language Clinic, LLC's web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority