lifeworks
PSYCHOTHERAPY CENTER

3139 N. Lincoln Ave.
Suite 220
Chicago, IL 60657

120 W. Madison
Suite 920
Chicago, IL 60602

8707 Skokie Blvd.
Suite 310
Skokie, IL 60077

simply aware, fully alive

(847) 568 1100

www.lifeworkspsychotherapy.com

HIPAA Client Consent

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information.

I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly;
- Obtain payment from third-party payers;
- Conduct normal health care operations such as quality assessments and physician certifications.

I have been given a copy of LifeWorks' Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health care information. I have been given the right to review such Notice of Privacy Practices prior to signing this consent. I understand that LifeWorks has the right to change its Notice of Privacy Practices from time to time, and that I may contact LifeWorks, at any time, at the address above, to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that LifeWorks restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that LifeWorks and my therapist are not required to agree to my restrictions, but if agreed to, they are then bound to abide by such restrictions.

I understand that I may revoke this consent, in writing, at any time, except to the extent that LifeWorks, or my therapist, has taken action relying on this consent

_____
Client Name

_____ _____
Signature Relationship to Client

_____
Date