

LIFESPAN COUNSELING
CAROLYN G. MAURER, PHD, LPC, LMFT, PC
555 Republic Dr., Ste 200
Plano, Texas 75074
972.867.2145

CLIENT CONSENT AND CONTACT AGREEMENTS

A. CONSENT TO USE AND DISCLOSE YOUR PRIVATE HEALTH INFORMATION

This form concerns the medical record of _____, client.
By signing this form, you are agreeing to let us use your PHI in our Practice and to disclose it to others.
The Notice of Privacy Practices (NPP) explains in more detail your rights and how we can use and share your PHI.
Please read that Notice before you sign this Consent form. After you have signed this consent, you have the right to revoke it by requesting that in writing to us. We will comply with that request from that point forward, but cannot change actions taken before revocation.

I understand and consent to the use and disclosure of my/my child's/ my ward's PHI as stated in the Notice of Privacy Practices.

Signature of client or legal representative _____ Date _____

Client/Legal Representative declined to sign this Consent form. _____
Initial here

B. UNDERSTANDING AND CONSENT TO TREATMENT

My signature below acknowledges that I have received, read, and understand the information explained in the Office Policies notice, and that I give my authorization and consent for treatment at LifeSpan Counseling (LSC).

Client Name _____ Signature of Consenting Party _____ Date _____

C. CONTACT AGREEMENTS

In the event my counselor needs to contact a family member or friend for emergency purposes only, the following person(s) can be contacted:

Name _____ Phone _____

Name _____ Phone _____

If my counselor needs to contact me, I request that I first be contacted through (check one or more):

- Phone number _____
- Email _____
- Text number _____