

Beth Shorstein

Counseling Services

Beth Shorstein Counseling Services' "Notice of Privacy Practices" provides information about how I may use and disclose protected health information about you.

Beth Shorstein Counseling Services reserves the right to change the terms described in the notice. Should this happen, you will receive a revised copy, either by mail or at your next scheduled appointment. You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, or health care operations. I am not required to agree to your restrictions, but if I do, I am bound by my agreement with you.

By signing this form, you consent to Beth Shorstein Counseling Services' using and disclosing protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where I have already made disclosures based on your prior consent. You have a right to review the Notice of Privacy Practices prior to signing this document.

Medical information is used for informational purposes regarding your treatment, to pay bills for your medical care, and for health care operations and quality assurance.

You have the right to file a complaint regarding privacy with the Secretary of Health and Human Services by calling (877) 696-6775.

Name of Client

Date

Signature of Client

Florida Statutes: Florida statutorily grants patients the right of access to medical records maintained by health care practitioners. The disclosure of patient information by providers is generally prohibited without the patient's consent, subject to specified exceptions. Florida also has numerous laws protecting the confidentiality of health information held by a variety of entities and government agencies.

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