Julia Gerhardt, LCSW, LLC
6550 Emerald St., Suite 110
Boise, ID 83704
(208) 297-8585

HIPAA CONSENT FORM

Consent for the Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of any Protected Health Information (PHI) by Julia Gerhardt, LCSW, LLC for the purpose of diagnosing or providing treatment to me, obtaining payments for my healthcare bills, or to conduct health care operations.

I understand I have the right to request as to how my PHI is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Julia Gerhardt, LCSW, LLC is not required to agree to the restrictions that I may request. However, if Julia Gerhardt, LCSW, LLC agrees to a restriction that I request, the restriction is binding on Julia Gerhardt, LCSW, LLC.

I have the right to revoke this consent, in writing, at any time. I may not revoke an authorization to the extent that:

1) Julia Gerhardt, LCSW, LLC has relied on that authorization/taken action in reliance on this consent, or
2) If the authorization was obtained as a condition of obtaining insurance coverage.

My "Protected Health Information" means health information, including my demographic information, collected from me and created or received by my clinician, another health care provider, a health plan, my employer or health care clearinghouse. This PHI relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe that information may identify me not limited to: reporting child abuse, serious threat to health or safety, judicial and administrative proceedings, health oversight activities.

I understand that I have a right to review Julia Gerhardt, LCSW, LLC's Notice of Privacy Practices prior to signing this document. Julia Gerhardt, LCSW, 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 with Julia Gerhardt, LCSW, LLC. This Notice of Privacy also describes my rights and Julia Gerhardt, LCSW, LLC's duties with respect to my PHI.

Julia Gerhardt, LCSW, 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 calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Client Signature: _____ Date: _____

Parent or Guardian: _____