

Rene Laje, Ph.D., LICSW

Consent for Purposes of Treatment, Payment, and Healthcare Operations

I consent to the use or disclosure of my protected health information by Rene Laje, Ph.D. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or conducting the healthcare operations of her practice. I understand that diagnosis or treatment of me by Dr. Rene Laje (Dr. Laje) 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 healthcare operations. Dr. Laje is not required to agree to the restrictions that I may request. However, if Dr. Laje agrees to a restriction that I request, the restriction is binding on her.

I have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Laje 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 Dr. Laje. 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 Dr. Laje's Notice of Privacy Practices prior to signing this document. The Rene Laje, Ph.D., Notice of Privacy Practices has been provided to me and is available in Dr. Laje's waiting room. 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 in Dr. Laje's practice. The Notice of Privacy Practices also describes my rights and Dr. Laje's duties with respect to my protected health information.

Dr. Laje 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 in Dr. Laje's waiting room, on the web or calling her office and requesting a revised copy be sent to me, or asking for one at the time of my next appointment.

Name of Client (printed)

Signature of Client

Date