

**Form 431**  
**Consent to use and disclose**  
**Your health information**

This form is an agreement between you, \_\_\_\_\_  
and me. When I use the word “you” below, it will mean you, your child, or relative.  
It will mean any other person who you name here \_\_\_\_\_.

When I examine, diagnose, treat, or refer you I will be collecting what the law calls protected health information (phi) about you. I need to use this information to decide about what treatment is best for you and to provide the said treatment to you. I may also share this information with others who provide treatment to you or for other business or government functions.

By signing this form you are agreeing to let me use information and send it to others. The notice of privacy practice (form 411) explains your rights in more detail and also how I can use and share your information. Please read it before you sign this consent.

**If you do not sign this consent form agreeing to what is in my notice of privacy practices (form 411) I cannot treat you.**

In the future I may change how I use and share your information and so may change my notice of privacy policies (form 411). If I do change it, you can obtain a copy by calling me at the number above or from my lobby where copies will always be available.

If you are concerned about some of your information, you have the right to ask me not to use or share some of your information for treatment, payment, or administrative purposes. You will have to tell me what you want in writing. Although I will try to respect your wishes, I am not required to agree to these limitations.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent) and I will comply with your wishes about using or sharing your information from that time on but may already have used or shared some of your information and cannot change that.

\_\_\_\_\_  
Signature of client or his/her  
Personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of client or personal  
Representative

\_\_\_\_\_  
Relationship to  
client

\_\_\_\_\_  
Description of personal representative's authority

Date of NPP form 411 \_\_\_\_\_. Copy to \_\_\_ Client \_\_\_ Parent \_\_\_ Rep.