

Notice and Consent of Patient Health Information



This is a notice of how patient health information (PHI) is used at Full Flight Counseling and what rights you have concerning your records. Before we begin services, we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you have any questions regarding PHI practices, please ask prior to signing this consent.

1. I, the patient, understand and agree to allow Full Flight Counseling to use my PHI for the purpose of treatment, billing, healthcare operations, and coordination of care. All release PHI will be limited to that which is necessary to provide, maintain and coordinate services.
2. I, the patient, have the right to examine and obtain a copy of my health records at any time and request correction. I may request content of disclosures made by Full Flight Counseling. I may also submit restrictions to PHI disclosures in writing for consideration. Full Flight Counseling is not required to abide by requests of restrictions.
3. I, the patient, can provide written consent to release information to necessary third parties. Such consent is only required to be obtain one time for all subsequent patient care.
4. I, the patient, have the right to revoke consent to release information to third parties if I submit my request in writing. This would not effect the use of records for care given prior to the submission of a revoke consent request, only services rendered after such request.
5. Aisha Edwards is Full Flight Counseling's PHI officer and manages all patient documentation. All available efforts are used to maintain privacy of your PHI records.
6. I, the patient, have the right to file a formal complaint with the Washington Health Department or the Oregon Board of Licensed Therapists and Counselors about PHI violations.
7. Refusal to sign this document or revocation of consent may result in refusal of care.

I have read and understand how my PHI will be used and I agree to these policies.

Print _____

Signature _____

Date _____