

Nationally Certified  
School Psychologist

Pennsylvania Certified  
Elementary Guidance Counselor

**Margaret J. Kay, Ed.D.**

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Pennsylvania Licensed  
Psychologist PS003431L

Pennsylvania Certified  
School Psychologist

**Consent for Purposes of Treatment, Payment and Healthcare Operations**

I consent to the use or disclosure of my/my child's *Protected Health Information (PHI)* by Margaret J. Kay, Ed.D. Psychologist, for the purposes of (1) diagnosing and/or providing treatment to me/my minor child; (2) obtaining payment for my health care bills; and/or (3) to conduct routine health care operations at the office of Dr. Kay. *PHI* means health information, and may include demographic information, collected from me and created or received by Dr. Kay, another health care provider, a health plan, my employer or a health care clearinghouse. This *PHI* relates to my/my child's past, present and/or future physical or mental health/condition and may identify me/my child.

I understand that diagnosis or treatment of me/my child by Dr. Kay may be conditioned upon my consent, as evidenced by my signature on this document. I further understand that I have the right to request a restriction as to how my/my child's *PHI* is used/disclosed to carry out evaluation, treatment, intervention, payment or the healthcare operations of the practice.

Dr. Kay is not required to agree to the restrictions that I may request, however, if she does agree, the restriction is binding on her. I also have the right to revoke this consent, in writing, at any time, except to the extent that Dr. Kay has taken action in reliance upon this consent.

I understand that I have a right to review Dr. Kay's *Notice of Privacy Practices (NPP)* prior to signing this document and acknowledge that a written copy of Dr. Kay's *NPP* has been provided to me. The *NPP* describes the types of uses and disclosures of my (*PHI*) that will occur in treatment, payment of my bills and/or in the performance of health care operations at the office of Dr. Kay. The *NPP* for Dr. Kay is also provided at her office at 2818 Lititz Pike, Lancaster, Pennsylvania and on Dr. Kay's website: [www.margaretkay.com](http://www.margaretkay.com). This *NPP* also describes my rights and Dr. Kay's duties with respect to my *PHI*.

Dr. Kay reserves the right to change the privacy practices that are described in the *NPP*, and I may obtain a revised *NPP* by accessing her website, calling the office and requesting that a revised copy be sent in the mail and/or asking for a copy at the time of my/my child's next appointment.

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*After you have signed this consent, you have the right to revoke it by writing a letter telling us you no longer consent. We will comply with your request about using or sharing your PHI from that time on, but we may have already used/shared some of the PHI and cannot retrieve what has already been shared.*

*Please read this before you sign this Consent form. If you do not sign this consent form agreeing to our NPP, we cannot complete an evaluation for you/ your child or provide any psychological services to you.*

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Printed Name of Client or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority/or Relationship to Client

\_\_\_\_\_  
Date

***I HAVE RECEIVED AND READ THE NOTICE OF PRIVACY PRACTICES:***

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date