

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 to Use and Disclose Your Health Information

This form is an agreement between you _____ and **Margaret J. Kay, Ed.D. Licensed Psychologist**. When we use the word “you” it means you, your minor child, a relative or another person you have listed here: _____.

When we evaluate, diagnose, treat or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information in our office to provide treatment and intervention. We may also share this information with others who provide treatment to you or need the information to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let us use your information at our office and send it to others. The Notice of Privacy Practices explains in more detail your rights and how we can use and share your information. Please read this before you sign this Consent form. **If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices, we cannot complete an evaluation for you or provide any psychological services to you.**

In the future we may change how we use and share your information and so may change our Notice of Privacy Practices. If we do change it, you can get a copy from (1) our Web Site at this location: www.margaretkay.com or (2) by calling us at 717-569-6223, or (3) from our privacy officer.

If you are concerned about some of your PHI, you have the right to ask us to not use or share some of the information for treatment, payment or administrative purposes. You will have to tell us what you want us to do in writing, however. Although we will try to respect your wishes, we are not required to agree to these limitations. However, if we do agree, we promise to comply with your request.

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 information from that time on but we may have already used/shared some of your PHI and cannot retrieve what has already been shared.

Signature of client or his/her personal representative

Date: _____

Printed name of client or personal representative

Relationship to the client

Description of personal representative’s authority

I HAVE RECEIVED AND READ the Notice of Privacy Practices:

Signature of Client

Date