



ADVANCED
PSYCHIATRIC
GROUP
APG RESEARCH, LLC.

MAIN OFFICE

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APG RESEARCH, LLC.

721 N MAGNOLIA AVE . ORLANDO FL . 32803

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HIPAA

Consent to use and disclose your health information

This form is an agreement between you, _____ (Patient's name/Parent or Guardian name if Minor) and Advanced Psychiatric Group, P.A. If you wish to include the name(s) of an individual(s) (Ex: spouse, child, relative, other) to whom we can discuss your Private Health Information (PHI), please write their name here: _____.

When we examine, diagnose, treat, or refer you we will be collecting what the law calls PHI about you. We need to use this information here to decide on what treatment is best for you and to provide treatment to you. We also need it to arrange payment for your treatment.

By signing this form you are agreeing to let us use your information here and send it to others when the law requires us to use or share it. The Notice of Privacy Practices explains more in detail your rights and how we can use and share your information. Please read this before signing this Consent form. You can retrieve a copy of the NPP from the receptionist.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.

If we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an Authorization form to allow this. In the future we may change how we use and share you information and so may change out NPP. If we do change it, you can get a copy from our office by calling us at 407-423-7149, or from our privacy officer.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. 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 wishes.

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

CLIENT SIGNATURE / PERSONAL REPRESENTATIVE

DATE

CLIENT NAME / PERSONAL REPRESENTATIVE

RELATIONSHIP TO CLIENT

Description of personal representative's authority

Date of NPP _____ Copy given to the client / parent / personal representative.