CARE FOR YOU 2, LLC

8992 CINTI-DAYTON RD. WEST CHESTER, OHIO 45069

TELEPHONE : 513-755-1202

Consent to use and disclose your health information under HIPAA

When we [CARE FOR YOU 2, LLC] has an agreed upon care plan for you, we collect what the law calls Protected Health Information (PHI) about you. This is information that we chart and maintain as part of your record. This may also contain authorized communications to or with others. PHI is used to decide what respite plan is appropriate for your care. PHI may be shared with other individuals such as your primary caregiver, doctor(s), nurses, or other health care providers. Some of this information is also used for billing and to arrange for payment of services provided to you.
There are certain situations in which your PHI may be released, such as on a Court Order by a Judge or legally mandated reporting situations such as child abuse, or instances of threatened harm to one self or others. In order to protect your privacy to the greatest extent possible it is our practice in this office to keep only the minimal necessary information in your personal record.

By signing this form, you agree to the use of your information in this office with respect to keeping this information as part of your care plan record and with respect to sharing this information with others, as described above. If you do not sign this consent form, we can not maintain a care plan record, bill you for services or communicate with others and, therefore we can not provide you with our care program.

If you are concerned about some of your information, you have the right to ask that we not use or share some of your information for care, payment, or administrative purposes. Although, in most cases, we will try to respect your wishes, we are not required by law to agree with such limitations and may, because of the demands of the law, be unable to comply with your wishes in some instances. If you have special requests with respect to your PHI, you will have to submit the request to Care For You 2, LLC in writing.

After you have signed this consent, you have the right to revoke it. However, under the new law, it will be necessary for you to do so in writing. That revocation will be applied to future uses or disclosures of your PHI, but would have no effect on the information already disclosed in conjunction with your evaluation or care.

_____ _____
Signature of the client or legal guardian date

_____ _____
Printed name of the client or legal guardian date

Description of representative's legal authority _____
CARE FOR YOU 2, LLC _____