



Sunshine Social Services, Inc, (SunServe),
1480 SW 9th Ave., Fort Lauderdale, FL, 33315

Consent to Use & Disclose Protected Health Information for Treatment, Payment, or Health Care Operations

Client Name _____ **Date of Birth** _____

I understand that this facility maintains, uses and discloses my personal health information in order to provide for my care and treatment, to arrange for billing and payment for my care and to carry out the general management and operations of the facility such as quality review.

I understand that these and other uses and disclosure of my personal health information are described more completely in the facility’s “Notice of Privacy Practices.”

I understand that the facility reserves the right to change its privacy practices described in the Notice of Privacy Practices and to make new provisions effective for all protected information already received and maintained by the facility as well as for new information. I understand that prior to implementation, the facility will mail a copy of the revised notice of the Privacy Practices to the address I have provided. In addition I understand that I have the following rights:

1. The right to receive and review the facility’s Notice of Privacy Practices before signing this consent.
2. The right to request restrictions on how protected health information is used or disclosed for treatment, payment or health care operations. This facility is not required to agree to my request, but if it does, it will be bound by that agreement
3. The right to revoke this consent, in writing, except to the extent the facility has acted in reliance on this consent
4. The right to receive a copy of this consent form

I consent to the use and disclosure by this facility and its agents or representatives of all my personal health information for purposes of treatment, payment and health care operations.

By signing this form, I acknowledge that I have read and understood this consent form, I acknowledge that I have received, or have been offered the opportunity to review the Privacy Notice prior to signing this form

Client signature _____ Date _____

Parent/guardian _____ Date _____

Witness _____ Date _____