From the office of Lifespan Family Healthcare,
Practice of Rebecca E Clark, LMFT
An Affiliate of Cornerstone Behavioral Healthcare

Client Name: _____ Client Number: _____
Provider Number: _____

CONSENT TO USE OF HEALTHCARE INFORMATION

I understand that Cornerstone Behavioral Healthcare will make use of my health care information for purposes of treatment and other lawful functions of Cornerstone Behavioral Healthcare's practice, including securing payment and other usual health care operations. I understand that this information may be available to persons working on Cornerstone Behavioral Healthcare's behalf, who will be subject to the same duty of confidentiality as Cornerstone Behavioral Healthcare with respect to any of my information.

I understand that if Cornerstone Behavioral Healthcare holds certain sensitive information related to my health care, such as:

- Records covered by federal rules governing confidentiality of alcohol and drug abuse treatment programs
- Records covered by state rules governing mental health services
- Records concerning my, or my child's, diagnosis or treatment for HIV or AIDS

then my specific authorization will be required to disclose such information to others. However, I consent to the use of such information by Cornerstone Behavioral Healthcare for purposes of my evaluation and treatment, and other lawful functions of Cornerstone Behavioral Healthcare's practice, including securing payment and other usual health care operations. I understand that such information may be made available to persons working on Cornerstone Behavioral Healthcare's behalf, who will be subject to the same duty of confidentiality as Cornerstone Behavioral Healthcare with respect to such information. I understand that I may refuse to allow the sharing of some or all such information, but that refusal may result in improper diagnosis or treatment or other adverse consequences.

Signatures: If Service is Substance Abuse child must sign.

Client (14 years and older) _____ Date _____

Authorized Representative _____ Date _____

Relationship to Client: _____

Witness: _____
Rebecca E Clark, LMFT