



Dina Varano, MA, LMHC

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PRIVACY PRACTICES ACKNOWLEDGMENT & CONSENT

This form is an agreement between you and Dina Varano, MA, LMHC and her staff. When we assess, test, offer diagnostic impressions, treat, or refer you, federal law considers us to be collecting Protected Health Information (PHI) about you. We need to use this information to decide on what treatment is best for you and to provide any treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment, or for other business or government functions as outlined in the Notice of Privacy Practices. You will be asked to sign an Authorization for the Release of Information if your information is to be released to individuals or institutions other than those mentioned above.

If you are concerned about some of your information, you have the right to ask us not to use or share some of your information for treatment, payment, or administrative purposes. You will need to specify in writing what you do not wish us to share and with whom. 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 do as you have asked in writing.

After you have signed this consent, you have the right to revoke it by writing to Dina Varano, MA, LMHC, to tell us you no longer consent, and we will comply with your wishes about using or sharing your information from the date and time your letter is received, but we may already have used or shared some of your information prior to that date and time, and cannot change that disclosure.

By signing this form you also acknowledge that you have received the Notice of Privacy Practices. You have the right to review the Notice of Privacy Practices (www.dinavarano.net/practiceinfo/) prior to signing this acknowledgment form. You have been informed that you are free to revoke, in writing, any authorization for the disclosure of your personal health information at any time. If you do not sign this consent form agreeing to what is in our Notice of Privacy Policies, we cannot treat you.

Dina Varano, MA, LMHC, has the right to change the Notice of Privacy Practices from time to time. The revised Notice of Privacy Practices will be posted on the web site and paper copies will be available in the office. Your signature below indicates that you understand these privacy practices and give your consent.

Patient Name

Signature of Patient or Guardian

Date

Relationship to Patient

For Office Use:

For failure to obtain acknowledgment, check the appropriate reason:

- Substantial communication barriers
- Refusal to sign
- Other _____

Description:

Staff Signature

Date