

AUTHORIZATION TO USE OR DISCLOSE

PROTECTED HEALTH INFORMATION

I understand that Kristin's Comfy Couch – Marriage, Family, Child, and Individual Counseling, A Professional Corporation and Kristin L. Perry, MA, MFT use administrative staff to perform clerical functions to manage the practice. Staff will ONLY have access to the following types of information about those attending therapy:

- * Demographic information: including names, addresses, telephone numbers, email addresses, dates of birth and other general non-therapeutic information taken from client intake questionnaire.
- * Billing information: such as names, dates, charges, payments, payment methods, diagnostic codes, etc.
- * Emergency contacts: In the unlikely event that Kristin Perry becomes unable to contact me, staff may contact me regarding logistical issues- such as rescheduling appointments.
- * Staff will not have access to information about the content of counseling and therapy sessions or any substantive information about me.
- * Staff will not have access to information about any communications that pertain to counseling and therapy, including voicemail, e-mail or written communications from me.
- * I also understand that administrative staff will send me a monthly statement which acts as a receipt for payments received. It includes billing information including: a diagnosis, billing codes, client name, and is typically sent to me via email.

Please check only one:

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	 I do NOT want my monthly statement sent via email. Please hand them to me in person during sessions. 																			
By singing below, I understand and agree to the contents of this form.																				
Na	me: _													da	ate: _	 	 			

o I will accept monthly statements by email. Please send them to the following email address: