



Client Consent

This form is an agreement between you, _____,
and the Center for Human Development. When we use the word "you" below, it will mean your
child, relative, or other person if you have written his or her name here:

(Child's name if applicable)

When we examine, diagnose, treat, or refer you, we will be collecting what the law calls Protected Health Information (PHI) about you. We need to use this information here to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others within the agency that provide treatment to you or need it to arrange payment for your treatment or for other business or government functions.

By signing this form, you are agreeing to let us use your information in this manner. You may request our Notice of Privacy Practices which explains in more detail your rights and how we can use and share your information.

If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices we cannot treat you.

In the future, we may change how we use and share your information and so may change our Notice of Privacy Practices. If we do change it, you can obtain a copy from our privacy officer or by calling us at 715-842-0944 or 1-800-236-3792.

If you are concerned about some of your information, you have the right to ask us to not use or share some of your information for treatment, payment or administrative purposes. You will have to tell us what you want in writing. 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 comply with your wish.

After you have signed this consent, you have the right to revoke it (by writing a letter telling us you no longer consent), and we will comply with your wishes about using or sharing your information from that time on. However, we may already have used or shared some of your information and cannot change that.

Printed Name of Client or Legal Representative

Relationship to Client

Signature of Client or Legal Representative
(must be 14 or older)

Date