

WELLSPRING COUNSELING CENTER
Wellspring Care Ministry
First United Methodist Church of Plano
3160 E. Spring Creek Parkway
Plano, Texas 75074
972-423-4506

CLIENT CONSENT AND CONTACT AGREEMENTS

A. CONSENT TO USE AND DISCLOSE YOUR PRIVATE HEALTH INFORMATION

This form concerns the medical record of _____, client.

By signing this form, you are agreeing to let us use your PHI in our Center and to disclose it to others.

The Notice of Privacy Practices (NPP) explains in more detail your rights and how we can use and share your PHI. Please read that Notice before you sign this Consent form.

After you have signed this consent, you have the right to revoke it by requesting that in writing to us.

We will comply with that request from that point forward, but cannot change actions taken before revocation.

I understand and consent to the use and disclosure of my/my child's/my ward's PHI as stated in the Notice of Privacy Practices.

Signature of client or legal representative

Date

Client/Legal Representative declined to sign this Consent form. _____

Initial here

B. UNDERSTANDING AND CONSENT TO TREATMENT

My signature below acknowledges that I have received, read, and understand the information explained in the Practices and Procedures notice, and that I give my authorization and consent for treatment at Wellspring Counseling Center.

Client name

Signature of Consenting Party

Date

C. CONTACT AGREEMENTS

1. In the event my counselor needs to contact a family member or friend for emergency purposes only,

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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2. If my counselor needs to contact me, I request that I first be contacted through (check one or more):

- ☐ Phone number _____
- ☐ Email _____
- ☐ Text number _____