

Abundant Living Health Services

Serving Northern Colorado (970) 699-6470 www.abundtantlivinghealthservices.com

Consent to Use and Disclose Your Health Information¹

This is an agreement between you and Abundant Living Hea word "you" below, it can mean you, your child, your relative, his/her name here:	
When we evaluate, test, diagnose, treat, or refer you, we will a <i>Information</i> (PHI) about you. This information is used to decide provide treatment that treatment for you. This information is provide treatment to you or who need it to arrange payment functions.	de what treatment is best for you and to may also be shared with others who
By signing this form you are agreeing to let ALHS to use your information here and to send it to others. The Notice of Privacy Practices (NPP) explains your rights in more detail and how we can use and share your information. Please read the NPP prior to signing this Consent Form.	
If you do not sign this consent form agreeing to what is in a ALHS cannot treat you.	our Notice of Privacy Practices,
In the future, we may change how we use and share your information. If it changes, you will be provided with an update Notice of Privacy Practices.	
If you are concerned about the sharing of your information, y share some of your information for treatment, payment, or ac of any limitations in writing. We will try to respect your wish	dministrative purposes. Please advise us
You have the right to revoke this consent by writing a letter to you no longer consent and ALHS will comply with your wis from that time forward. Please understand that we may have information and cannot change that.	shes about the use of your information
Signature of patient/guardian Da	ate

¹ Date of NPP: 07/20/15