



**Consent for Use or Disclosure of Health Information to Emergency Contacts and Insurance Providers**

We here at **REDSTONE MENTAL WELLNESS, LLC** are very concerned with protecting your privacy. While the law requires us to give you this disclosure, please understand that we have, and always will, respect the privacy of your health information.

There are several circumstances in which we may have to use or disclose your health care information.

-We may have to disclose your health information to another health care provider or a hospital if it is necessary to refer you to them for the diagnosis, assessment, or treatment of your health condition.

-We are obligated by law to warn others as appropriate if you are deemed to be a risk to yourself or others. Additionally, **Caroline Jones Redstone is a mandatory reporter who is legally required to notify authorities of child and elder abuse.**

-We may have to disclose your health information and billing records to another party if they are potentially responsible for the payment of your services (including health insurance providers).

**You have a right to revoke your authorization**

You may revoke any of your authorizations at any time; however, your revocation must be in writing. We will not be able to honor your revocation request if we have already released your health information before we receive your request to revoke your authorization. If you were required to give authorization as a condition of obtaining insurance, the insurance company may have a right to your health information if they decide to contest any of your claims.

I HEREBY AUTHORIZE THE FOLLOWING PEOPLE TO OBTAIN AND DISCUSS MY MEDICAL INFORMATION AS EMERGENCY CONTACTS.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
Client's name - **Print** **Client's Signature** **sign/date**