

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

HIPAA Consent for Treatment, Payment & Healthcare Operations (TPO)

This form authorizes Healing Minds to use and disclose your Protected Health Information (PHI) in accordance with HIPAA regulations for treatment, payment, and healthcare operations (TPO).

- **TREATMENT:**

Includes coordination of care, prescribing medications, consultation with other providers when necessary, and the use of PHI to provide clinical services.

- **PAYMENT:**

Includes billing insurance, verifying benefits, submitting claims, and communicating with your insurance plan to obtain payment for services.

- **HEALTHCARE OPERATIONS:**

Includes administrative tasks, quality improvement, recordkeeping, licensing, and other activities permitted under HIPAA to maintain efficient clinic operations.

- **LIMITS OF DISCLOSURE:**

PHI will only be disclosed according to HIPAA standards. Psychotherapy notes are NOT shared without a separate written authorization.

- **RIGHT TO REVOKE:**

You may revoke this consent in writing at any time, except to the extent that action has already been taken based on previous authorization.

- **EMERGENCIES:**

In case of a medical or psychiatric emergency, PHI may be disclosed to ensure your safety.

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Signature (Typed Name):

Date: