CHRISTOPHER H. ANDERSON, LCSW
PSYCHOTHERAPIST / CLINICAL SOCIAL WORKER

383 Orange Street, Lower Level
New Haven, CT 06511

203-710-8633
Fax: 203-889-5421
anderson37@yahoo.com
andersontherapy.net

Consent and Acknowledgment Form

I consent to the use or disclosure of my protected health information by Christopher H. Anderson, LCSW to any person or organization for the purpose of carrying out treatment, obtaining payment, or conducting certain healthcare operations. Protected health information used or disclosed by Christopher H. Anderson, LCSW may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information, as long as such information is used or disclosed in accordance with Connecticut and Federal law, which may require that I provide specific authorization. I understand that information regarding how Christopher H. Anderson, LCSW will use and disclose my information can be found in the Notice of Privacy Practices. I understand that this consent is effective for as long as Christopher H. Anderson, LCSW maintains my protected health information.

By signing below, I understand that acknowledge to following:

- I have read and understand the consent; and
- I have received Christopher H. Anderson, LCSW's Notice of Privacy Practices currently in effect.

Print Name of Individual	*Signature of Individual or Personal Representative*	*Date*
Print Name of Personal Representative	*If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual:*	

Unable to obtain written consent and acknowledgment because:

____ Individual refused

____ Emergency Treatment Situation

____ Individual not able to sign due to incompetence or other medical reason

____ Other: _____