

# Lisa Gabardi, Ph.D., LLC

*Licensed Psychologist*

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## NOTICE OF PRIVACY PRACTICES

### Consent to Use and Disclose your Health Information

The Notice of Privacy Practices tells you how I may use or disclose your Protected Healthcare Information (PHI). Not all situations will be described. I am required to give you a notice of my privacy practices and procedures for the information I collect and keep about you. When I use the word “you” it can mean you, your child, a relative, or other person if you have written his/her name here \_\_\_\_\_.

When I assess, test, diagnose, treat, or refer you, I will be collecting Protected Healthcare Information (PHI) about you. I need to use such information to provide treatment to you and make decisions regarding the best treatment for you. I may share this information with others who provide treatment to you or to arrange payment for the services you receive, or for other business or government functions.

By signing this form you are agreeing to let me use your PHI here at my office and to provide it to others. The Notice of Privacy Practices explains in more detail your rights and how I may use and disclose your information. Please read this notice before you sign this Consent form.

**If you do not sign this consent form agreeing to the terms of the Notice of Privacy Practices I cannot treat you.**

In the future, I may change the policies and procedures in my Notice of Privacy Practices. If I make such changes, you may receive a copy of the updated notice from the Privacy Officer: Lisa Gabardi, Ph.D. (503)629-0272. You have a right to limit the use and disclosure of your information for the purposes of treatment, payment, or operations. This must be done in writing. I am not required to agree to the limitations, but I will attempt to respect your wishes. After you have signed this consent, you have the right to revoke it, in writing, and I will comply with the revocation from the date in writing forward. I may already have shared or used some of your information before such date and that cannot be changed.

Your signature below indicates that my Notice of Privacy Practices has been made available to you, you understand the Notice, and have had a chance to ask questions about how your information will be used and/or disclosed.

\_\_\_\_\_  
Signature of client or his/her legal/personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or legal/personal representative

\_\_\_\_\_  
Relationship to the client

\_\_\_\_\_  
Description of legal/personal representative’s authority

\_\_\_\_\_  
Lisa Gabardi, Ph.D., LLC Privacy Officer

Effective Date: April 14, 2003

Updated: August 6, 2013

\_\_\_\_\_ Original filed in the client’s record