

# CONSENT FOR PROGRAMS MANAGED BY ARCADIA ELDER SERVICES TO RECEIVE FULL DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_ as a CLIENT or as a prospective CLIENT (CLIENT) hereby Consent to the full disclosure of my individually identifiable health information (Protected Health Information) including all my health condition(s), disabilities, illnesses, diagnosis, and all health problems, by \_\_\_\_\_ to Arcadia Elder Services (AES) for the following purposes:

- reviewing all my health conditions.
- determining any care and services to be provided by ARCADIA ELDER SERVICES.
- Establishing a base line of health and care which is or may be needed.

CLIENT has access to AES' Notice of Privacy Information Practices (Notice) for Protected Health Information for a more complete description of the potential uses and disclosures of such information, and the right to review such Notice prior to signing this consent form.

AES reserves the right to change the terms of its Notice at any time. If AES does change the terms of its Notice, CLIENT may obtain a copy of the revised Notice from Program Director of program managed by AES.

CLIENT retains the right to request that AES further restrict how CLIENT's Protected Health Information is used or disclosed. AES is not required to agree to such requested restrictions; however, if AES does agree to CLIENT's requested restriction(s), such restrictions are then binding on AES.

At all times, CLIENT retains the right to revoke this Consent. Such revocation must be submitted to AES in writing. The revocation shall be effective on the date received *except* to the extent that AES has already taken action in reliance on the Consent.

AES may refuse to consider CLIENT's application for entry into programs managed by AES if CLIENT (or an authorized representative) does not sign this Consent or AES may refuse to permit CLIENT to enter or to continue to remain in program managed by AES if CLIENT (or an authorized representative) does not sign this Consent. If CLIENT (or an authorized representative) signs this Consent Form and then revokes that Consent, AES has the right to refuse CLIENT's entry into the program managed by AES, or to refuse to permit CLIENT to continue to remain in the program managed by AES.

**I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THIS FORM AND I AM THE CLIENT, OR AM AUTHORIZED TO ACT ON BEHALF OF THE CLIENT TO SIGN THIS DOCUMENT, VERIFYING MY CONSENT TO THE ABOVE-STATED TERMS.**

Date: \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Signature of CLIENT

\_\_\_\_\_  
Person signing on behalf of CLIENT\*

\_\_\_\_\_  
Print

\_\_\_\_\_  
Print

\* Please explain Representative's Relationship to CLIENT and include a description of Representative's Authority to act on behalf of the CLIENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_