



Acknowledgment of Use and Disclosure of Personal Health and Program Information for Residential, Vocational, Day Habilitation and/or Operations and/or Billing.

I acknowledge that Chimes will use and/or disclose my personal health and program information in providing medical care, residential, vocational, day habilitation, and operations and/or billing on my behalf.

I have read or had Chimes Notice of Privacy Practices for personal health and program information read to me and understand that my personal health and program information will be disclosed and used by designated employees, contractors, consultants and other third parties in providing services and supports for me. I understand that Chimes will use my personal health information to bill for the cost of my care.

Chimes has the right to change the terms of its Notice of Privacy Practices for personal health and program information at any time. If Chimes does change the terms of its Notice of Privacy Practices, I may obtain a copy of the revised Notice by contacting my case manager.

I have the right to request that Chimes not use or disclose my personal health and program information in providing medical care, residential, vocational, habilitation or medical day care operations or billing on my behalf. Chimes is not required to agree to such a request; however, if Chimes does agree to my request, Chimes is bound by that request.

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

Signature of Person Served

Please Print Name

Individual Signing on behalf of Person Served

Please Print Name

Signature of Witness

Please Print Name

Date