

Celina Pipman, LCSW

Celina Pipman, LCSW  
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**Patient HIPAA Awareness**

With my permission, Celina Pipman, LCSW, may use and disclose my or my child health information (PHI) to carry out treatment, payment and healthcare options (TPO). Please refer to Celina Pipman, LCSW, and Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Celina Pipman LCSW, reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Celina Pipman, LCSW.

With my permission, Celina Pipman, LCSW, may call my home or other designated locations and leave a message on voice mail or in person in reference to any item that assists the practice in carrying out TPO, such as appointment reminders, insurance items that assist you in reimbursements, and any call pertaining to my clinical healthcare.

With my permission, Celina Pipman, LCSW, may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointments reminders and billing statements.

With my permissions, Celina Pipman, LCSW, may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointments reminders and billing statements. I have the right to request that Celina Pipman, LCSW, restrict how it uses or discloses my PHI to carry our TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this, I am allowing Celina Pipman, LCSW, to use and disclose my PHI for TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

\_\_\_\_\_  
Signature of Client or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client's Name or Legal Guardian

09/07/2022