

Mountain Dew Behavioral Health PLC

INFORMED CONSENT

I.....give permission to Mountain Dew Behavioral Health to share my medical information withrelationship.....and participate in my care.

Phone number of relative:

Signature:

Date:

I.....do not give Mountain Dew Behavioral Health permission to share my medical information with anyone.

Signature:

Date:

This information has been disclosed to you from records whose confidentiality is protected by Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, you are prohibited from making any further disclosure of these records without the specific written consent of the person to whom they pertain or as otherwise specifically required or permitted by law