## **Coos Health & Wellness**

Coos County EST. 1853

**Together, Inspiring Healthier Communities** 

## COOS COUNTY BEHAVIORAL HEALTH DEPARTMENT Objection to Uses and Disclosure of Protected Health Information for Treatment, Payment, or Health Care Operations

Client' Name:			Birth Date:		
۸ddr	Last	First	Middle		
Address:		Street		Zip	
Phor			Coll		
	пс	me	Cell	Work	
Depa treat	"Notice"). I hereby acki artment has informed n	nowledge that by my rev ne that my health infort	view of the Notice, C mation, including inf	s a Notice of Privacy Practices coos County Behavioral Health formation about mental health w for treatment, payment, and	
my r revie	rtunity to request a rest equest to prohibit discl	riction of these uses or osure for treatment and	disclosures for thes disclosures for thes	ent has provided me with the e purposes. I understand that tions permitted by law will be I will be informed of the results	
•	ny signature below, I h mation for treatment, pa	· -		and disclosure of my health : (check any)	
	the use and disclosure of my health information without my specific authorization for treatment purposes the use and disclosure of my health information without my specific authorization for payment				
□ OR	purposes the use and disclosu purposes	e use and disclosure of my health information without my specific authorization for health care			
	ny signature below, I her	ebv <b>agree to</b> :			
		re of my health informa	ation for the purpose	es described above, subject to	
Signature of Client (or Personal Representa		nal Representative)	Date o	of Signature	
Printed Name of Personal Representative			Relation	onship to Client	