

**RESTORATIVE WELLNESS NM
8501 CANDELARIA RD NE D2 ALBUQUERQUE, NM 87112-1032
(505) 312-8491**

**Client Consent for Use and Disclosure
of Protected Health Information**

I hereby give my consent for RESTORATIVE WELLNESS NM (the Practice) to use and disclose my protected health information (PHI) to perform care, and payment.

With this consent, I affirm all of my data, except for personal information, including but not limited to, blood work, age/gender, results and progress could be shared with other therapists for further research and consultations.

With this consent, the Practice may call, text or email me and leave a message by voice, email or in person in reference to any items that assist the practice in carrying out the care, such as appointment reminders, and anything pertaining to my wellness care, including laboratory test results.

With this consent, the Practice may mail to my home or other alternative location any items that assist the practice in carrying out my wellness care, such as appointment reminder cards, client statements and anything pertaining to my wellness care as long as they are marked "Personal and Confidential."

By signing this form, I am consenting to allow the Practice to use and disclose my PHI.

I may revoke my consent in writing except to the extent that the Practice has already made disclosures upon my prior consent. If I do not sign this consent, or later revoke it, the Practice may decline to provide any further services / care to me.

Signature of Client or Legal Guardian

Client Name: _____
Phone Number: _____