**cjEmersonPA**, **3754 Pleasant Avenue So., Minneapolis, MN , 55409**

CONSENT FOR TREATMENT

* When you are interviewed, diagnosed, treated, or referred we will be collecting Private Health Information. The information is used to decide and provide appropriate treatment to you. We may also share this information with others who provide treatment to you or need it to arrange payment for your treatment or for other business or government functions as described in the Notice of Privacy Practices.
* If you do not sign this consent form agreeing to what is in our Notice of Privacy Practices you cannot be treated.
* You have the right to ask for a restriction of what information is used and disclosed for the purpose of treatment, payment or business operations by filling out a request form. This office will consider and try to respect your wishes and if agreed upon comply with your restrictions.
* You have a right to revoke this consent in writing and we will comply with your wishes from that time forward.
* If how your information is used and disclosed changes in the future a new Notice of Privacy Practices with the changes will be available upon your request.

I have read and understood the INTRODUCTION LETTER and the NOTICE OF PRIVACY PRACTICES and give my permission to receive services from C. Jayne Emerson, M.A., L.P.

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Signature of client Date

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Signature of Guardian if client a minor Date