

Pathways for Learning, Inc.
3315 Springbank Lane, Suite 300. Charlotte, NC 28226
PN 704.540.5252* FX 704.540.5755**

Consent and Acknowledgement of Private Health Information

Client _____ DOB: _____

I, _____ consent for Pathways For Learning, Inc. to use the Client's Protected Health Information (PHI) for the purpose of providing treatment, payment of rendered services, and for Pathways For Learning, Inc.'s general healthcare operations purposes (e.g. business management, improvement activities, etc.). PHI means any information, including demographic information, created or received by Pathways For Learning, Inc. that relates to past, present, or future health conditions; information that relates to the provision of health care; information that relates to past, present, or future payment for the provision health care services; and information that can be used to identify the client.

A copy of Pathways For Learning, Inc.'s NOTICE OF PRIVACY PRACTICES has been given to me.

____ Yes ____ No

Signature _____ Date: _____