

EMPLOYEES OF NORTHERN HILLS TRAINING CENTER

CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

The Employee hereby consents to the use or disclosure of his/her individually identifiable health information ("protected health information") by Northern Hills Training Center in order to carry out treatment, payment, or health care operations. The Employee has reviewed this company's Notice of Privacy Practices for Protected Health Information for a more complete description of the potential uses and disclosures of such information, and have the right to review such Notice prior to signing this consent form.

This Company reserves for itself the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. If this Company does change the terms of its Notice of Privacy Practices, I may obtain a copy of the revised Notice by asking the Chief Operations Officer for a copy.

Employee retains the right to request that this Company further restrict how Employee's protected health information is used or disclosed to carry out treatment, payment, or health care operations. This Company is not required to agree to such requested restrictions; however, if this Company does agree to my requested restriction(s), such restrictions are then binding on Company.

At all times, Employee retains the right to revoke this Consent. Such revocation must be submitted to this Company in writing. The revocation shall be effective except to the extent that this Company has already taken action in reliance on the Consent.

This Company may refuse to treat Employee if he/she does not sign this Consent Form (except to the extent that this Company is required by law to treat individuals). If Employee signs this Consent Form and then revokes Consent, this Company has the right to refuse to provide further treatment to Employee as of the time of revocation (except to the extent that this Company is required by law to treat individuals).

I have read and understand this information. I have received a copy of this form and I am the employee or am authorized to act on behalf of the employee to sign this document verifying consent to the above stated terms.

Date: _____ Time: _____AM/PM

Signature of Employee

Printed Name of Employee