



Oak Hill

Since 1893, services
& solutions for people
with disabilities.

**120 Holcomb Street
Hartford, CT 06112**

Consent and Acknowledgment Form

I consent to the use or disclosure of my protected health information by Oak Hill to any person or organization for the purposes of carrying out treatment, including programmatic services and supports, obtaining payment or conducting certain healthcare operations. My protected health information may include HIV/AIDS related information, psychiatric and other mental health information, and drug and alcohol treatment information. I understand that further information regarding how Oak Hill will use and disclose my information can be found in Oak Hill’s Notice of Privacy Practices.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent; and
- I have received Oak Hill’s Notice of Privacy Practices currently in effect.

Print Name of Individual

Signature of Individual

Date

Witness

Print Name of Personal Representative (if applicable)

Signature of Personal Representative

Date

Witness

If signed by the individual’s representative, describe the legal authority of the representative to act on behalf of the individual:

Parent of minor child Guardian Conservator Other (specify) _____