INFORMED CONSENT ADDENDUM REGARDING DOCUMENTS THAT CONTAIN MY PERSONAL HEALTH INFORMATION

I understand that "The Good Faith Estimate" which is provided in accordance with federal legislation for my personal records includes personal health information. During the course of treatment, there may also be other documents provided to me by my therapist that include personal health information. When such document(s) are given to me, I understand that I am responsible for safeguarding their contents as I see fit. I will not hold the Olson Clinic and/or its staff members/providers liable for any information that may be seen by another party on forms and documents from the Olson Clinic that are in my possession.

Indication of Agreement

By signing below, I indicate that I have received this informed consent addendum regarding documents that contain my personal health information and that I agree to honor it.

_____**Date**

Print Client Name/Legally Authorized Person	Signature	Relationship to Client
Print Client Name/Legally Authorized Person	Signature	Relationship to Client

Any concerns, questions or grievances may be reported to supervisor or the Clinical Director at (319-368-6493)