

**Main Line Neuropsychology, PLLC**  
Jennifer Badgley, PhD  
Office Location: 30 S. Valley Road, Suite 207, Paoli, PA 19301  
Mailing Address: 43 Paoli Plaza #1448, Paoli, PA 19301  
Phone: 610.500.4700 Fax: 484.585.1673

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**PRIVACY PRACTICES CONSENT**

**CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION FOR  
TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

On our Notice of Privacy Practices, we provide you with information about how the providers at Main Line Neuropsychology, PLLC can use or disclose your personal and health information. As described in our Notice of Privacy Practices, we request your consent for the use or disclosure of mental health and medical information to carry out treatment, payment, or health operations. You have the right to review our Notice of Privacy Practices before signing this Consent form.

By signing this Consent form, you: 1) Acknowledge that a copy of the Notice of Privacy Practices has been provided to you, and 2) Consent to our use and disclosure of your health information for treatment, payment, or health care operations, as described in the Notice of Privacy Practices.

You have the right to revoke this Consent in writing at any time, except where we have already used or disclosed your health information in reliance upon this consent.

\_\_\_\_\_  
Signature of Parent/Conservator/Guardian/Legal Representative/  
or Patient(if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Conservator/Guardian/Legal Representative/  
or Patient(if 18 or older)

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Printed Name of Patient