

**Consent to Access Protected Health Information
Woog Laboratories, Inc.**

The behavioral information collected and provided by Woog Laboratories Inc., hereinafter referred to as Woog Labs, through its web site and through other electronic means to healthcare professionals, schools and caregivers are provided only at the consent of the patient or authorized caregiver (if the patient is a minor). This information is considered protected health care information and is subject to federal laws regarding its collection, storage and disclosure.

This document must be completed and signed by those authorized before access to the system will be allowed. In addition, those caregivers authorized must agree to the terms of use established by Woog Labs before an access ID and password will be provided. Note that not all information collected is made available to those consented. Addresses of those consented to receive this protected information must be listed below or on another written consent agreement as this will become the address of record for the specified caregiver. Parents and guardians must also be listed below even though this consent may not be required as this provides a record of access authorization. Referring Caregiver is authorized to have full access to all client records.

I hereby authorize Woog Labs to input and disclose certain behavioral health information from and to the following individuals/organizations:

Caregiver Name, Relationship	Address of record
Caregiver Name, Relationship	Address of record
Caregiver Name, Relationship	Address of record
Caregiver Name, Relationship	Address of record
Referring Caregiver, Relationship	Address of record

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on the date that subscription to this program is formally ended. Should information disclosed under this consent be disclosed to others by the recipient, it is no longer considered protected health information covered under this consent.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____