

Consent Form to Comply With Federal HIPAA Act

Patient Consent for Use & Disclosure of Protected Health Information

With my consent and signature, The Speech and Hearing Center may use and disclose protected health information about my child to:

- 1) Carry out treatment, payment, and healthcare operations (services).
- 2) Call my home or other designated locations and leave a message on voice mail or by phone in reference to any item (i.e. but not limited to, appointment reminders, insurance items, references to clinical care of laboratory results) that will assist in the practice of medical care for my child.
- 3) Mail to my home or other designated address any item (i.e. but not limited to, appointment reminder cards, patient financial statements) that will assist in practice of medical care for my child. Such correspondence is to be marked personal and confidential.
- 4) Send or transmit email to any location provided by me for all above similar items and purposes.
- 5) To use and/or disclose protected health information about my child to/with third parties involved in my child’s care. Such parties may include but are not limited to, insurance companies, hospitals, specialty physicians, laboratory personnel. I may specifically describe the type of information (i.e. dates of services, level of detail, origin of information) subject to disclosure and may revoke this permission at a time and date chosen by me. By providing a written statement to the privacy officer of The Speech and Hearing Center, I may revoke this permission. However, The Speech and Hearing Center may decline to provide further treatment to my child. The Speech and Hearing Center may also decline further treatment to my child should my restrictions on the type of third party information, in its opinion, impede medical care of my child.

I have the right to review the Notice of Privacy Practice Manual of The Speech and Hearing Center. The Speech and Hearing Center may revise its manual and procedures at any time deemed necessary, and I may request from time to time in writing a copy of such changes, should these changes directly relate to my child’s care.

I have the right to request that The Speech and Hearing Center restrict how it uses or discloses my child’s health information. However, as stated previously, The Speech and Hearing Center is not required to agree to my restrictions. If The Speech and Hearing Center accepts my restrictions, The Speech and Hearing Center is then bound by the restriction in the agreement setting forth the restricted information, until providing me in writing a cessation of such agreement.

I may revoke this entire consent in writing at any time. If I do not sign this consent, or revoke this consent, The Speech and Hearing Center in their sole discretion, may decline further treatment for my child.

The Federal HIPAA (Privacy Act) of 2001 was created to protect my child’s health information. I understand this must be accomplished within the provisions and rules set up by The Speech and Hearing Center to fulfill this federal law. I may request to review the manual which spells out these provisions. The Speech and Hearing Center will comply with this law to preserve privacy. If compliance with this law impedes the medical care of the patient, The Speech and Hearing Center may decline to provide further care. The Speech and Hearing Center will strive to provide information so that I may make an informed decision concerning the privacy of my child’s medical information.

Signature of Parent or Legal Guardian of minor child

Patient’s Name

Date of Birth

Date of Signature

Printed Name of Parent or Legal guardian whose signature appears above

Initials of witness