



NOTICE & ACKNOWLEDGMENT OF PRIVACY PRACTICES

Effective Date: _____

Thera+Kids Associates (Thera+Kids) is very serious about protecting the privacy rights of your child and family as mandated by the Health Insurance Portability and Accountability Act (HIPAA). This information may include records related to your healthcare including:

- + Demographic information (created by or received by Thera+Kids Associates)
- + Notes from your doctor, teacher, or other healthcare provider
- + Medical history
- + Treatment notes
- + Assessment results
- + Insurance information

Uses and disclosures of your protected health information not requiring your consent include:

- + Determining patient's eligibility for benefits or health insurance coverage
- + Managing insurance claims
- + Reviewing services and discussing medical necessity with your insurance company
- + Coverage under your health plan
- + Obtaining pre-certification and pre-authorization of services to be provided
- + As required by state, local and, federal law including police, and the courts

The HIPAA mandate does **not** prohibit the use of non-encrypted email and text messages related to treatment including written reports, updates and appointment reminders. At Thera+Kids Associates, we love to receive electronic communications documenting your child's accomplishments and activities through the messages, videos and photographs you send us!

Check here if you do **not** want Thera+Kids to communicate electronically to share therapy-related information.

By signing this page, you are acknowledging that you have read and agree to the privacy practices as outlined above and that you have been provided with a copy of this notice.

Child's Name (please print)

Date

Parent/Guardian Signature

Relationship to Child