



HIPAA Notice & Consent Form

Your Privacy is Important: This notice describes how medical information about your child may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Commitment to Your Privacy

At Hand in Hand Therapy, we are committed to protecting the privacy of your child's health information. This information is called **Protected Health Information (PHI)** and includes things like medical records, evaluations, progress notes, and billing information.

How We May Use and Share Your Child's Information

We may use or share your child's health information:

- **For treatment:** To coordinate care with your child's doctors, teachers, or other therapists.
- **For payment:** To bill insurance companies or you directly for services provided.
- **For healthcare operations:** To improve services, train staff, or conduct internal reviews.
- **When required by law:** Such as for public health reporting or legal investigations.

We will never sell your information or use it for marketing without your written permission.

Your Rights as a Parent or Legal Guardian

As the parent or legal guardian, you have the right to:

- Review and request a copy of your child's records
- Request corrections to inaccurate or incomplete information
- Request restrictions on who we share information with
- Ask for confidential communication methods (e.g., email vs. phone)
- File a complaint if you believe your privacy rights have been violated



Consent to Use and Share Information

By signing this form, you agree that:

- You have received and reviewed this Notice of Privacy Practices
- You give your consent for Hand in Hand Therapy to use and share your child's health information for treatment, billing, and operations as outlined above
- You understand that you can revoke this consent at any time in writing

Contact for Questions or Complaints

If you have any questions about this notice or your rights, or if you believe your privacy has been violated, please contact:

Haley Bennett, OTD, OTR/L

[Phone Number] • [Email Address]

You may also file a complaint with the **U.S. Department of Health and Human Services**. Filing a complaint will not affect your child's care.

Signature and Acknowledgment

I have read and understand the HIPAA Notice of Privacy Practices provided by Hand in Hand Therapy. I give my consent for the use and disclosure of my child's protected health information for treatment, billing, and healthcare operations.

Child's Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Signature: _____

Date: _____