

Life Skills Home Training Tutorial Program For Pre-Schoolers Inc.

24-20 Parsons Blvd
Whitestone, NY 11357
P: (718) 459-6279 F: (718) 275-8220

25 Westchester Square
Bronx, New York 10461
P: (718) 828-8462 F: (718) 828-0564

816 Clarence Avenue
Bronx, New York 10465
P: (718) 459-1252 F: (718) 215-1772

Dear Parents or Guardians:

Attached to this page is Life Skills Pre School's Notice of Privacy Practices. **PLEASE READ THE ATTACHED NOTICE OF PRIVACY PRACTICES CAREFULLY!** It lists all the ways that we might use information about your child. Most of the time, of course, we use this information to help us work with your child, but we may need to share the information when:

- We need the assistance of health care providers outside of Life Skills Pre-School who help with your child's treatment,
- We bill government agencies to cover the cost of your child's treatment,
- Provide Record Review for quality assurance by individuals from government agencies/agencies contracted by the government,
- We work with our staff to improve their professional skills,
- We work with college students who are interns in our program,
- We work with consultants who help us provide better services to your child. (These consultants will always sign a contract protecting your child's privacy),
- We make a directory listing all children attending our program for use only in Life Skills Pre-School

We may also share information about your child:

- In an emergency, but you will always be notified as soon as possible, or
- If we are required by law, for example, to meet public health requirements, criminal investigations or court orders.

You have certain rights connected with your child's record. You have the right to:

- Review and to ask us for a copy of your child's records.
- Know when information about your child has been shared with others, or to ask that certain information not be shared with anyone.
- Work with us if you believe some part of your child's record should be changed.

PLEASE FILL IN THE BLANKS BELOW AND RETURN THIS TO YOUR CHILD'S PROGRAM:

1. YOUR CHILD'S FULL NAME: *(PLEASE PRINT!)* _____
2. YOUR FULL NAME: _____
3. YOUR RELATIONSHIP TO THE CHILD: _____

YOUR SIGNATURE BELOW SAYS THAT YOU HAVE RECEIVED THE ATTACHED PRIVACY NOTICE:

SIGNATURE OF PARENT OR GUARDIAN