

**Kiddo Communication**  
160 W. 73<sup>rd</sup> St. Apt. 12A  
NEW YORK, NEW YORK 10023  
TEL: (973) 493-9598

**HIPAA INFORMATION AND CONSENT FORM**

I understand that as part of my health care, Kiddo Communication maintains records about my health as related to my speech, language, hearing and/or swallowing abilities. These records describe my health history, symptoms, examination and test results, diagnoses, and any plans for care or treatment. I understand that this information serves as:

- a basis for planning my care and treatment;
- a means of communication among the health professionals who contribute to my care;
- a source of information for applying my diagnosis and medical treatment information to my bill;
- a means by which a third-party payer (i.e. insurance company) can verify that services billed were actually provided should I decide to submit a claim to my insurance company;
- a tool for routine health care operations within the Kiddo Communication, such as assessing quality and reviewing the competence of health care professionals.

The attached ***Notice of Privacy Practices*** gives a more complete description of how my health information may be used or disclosed by Kiddo Communication. The ***Notice of Privacy Practices*** also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I understand it is my responsibility to notify Kiddo Communication of any restrictions to the disclosure of my health information regarding this or any subsequent visit.

**I have been provided a *Notice of Privacy Practices* and have been given the opportunity to review this information. I acknowledge this by my signature below.**

---

Printed Patient Name

Date

---

Signature of Patient or Legal Representative

Date

**Kiddo Communication**  
160 W. 73<sup>rd</sup> St. Suite 12A  
NEW YORK, NEW YORK 10023  
TEL: (973) 493-9598

## **NOTICE OF PRIVACY PRACTICES**

**In accordance with the Health Insurance Portability and Accountability Act (HIPAA) which was instituted by the U.S. Department of Health and Human Services on April 14, 2003, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### ***How we may use and disclose health information about you:***

Kiddo Communication is committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your "protected health information" (PHI) includes information about your past, present, or future health, health care we provide you and payment for services that we provide to you. The purpose of this notice is to explain who, what, when, where, and why your PHI may be disclosed and assist you in making informed decisions when authorizing anyone to use or disclose your PHI. We may use and disclose your PHI for the following purposes:

#### **Treatment**

We may use and disclose your PHI to provide you with clinical treatment and services. We may disclose PHI to clinicians, certified Speech-Language Pathologists, or other personnel at Kiddo Communication who are involved in taking care of you.

#### **Payment**

We may use and disclose PHI so that we may bill for treatment and services you receive from Kiddo Communication. Although Kiddo Communication does not accept insurance, at your request, we may be asked to send your information to an insurance company or another third party so that you can be reimbursed for services.

#### **Health Care Operations**

We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and for our operation and management purposes. For example, we may use PHI to review the treatment and services you receive and/or to check on the performance of our staff in caring for you.

#### **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services**

We may use and disclose PHI to contact you to remind you that you have an appointment for evaluation or treatment. We may also contact you to tell you about possible treatment alternatives or health related benefits and services that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose PHI to family or others identified by you or who are involved in your care or payment of your care.

#### **Legally Required Disclosures and Public Health**

We may disclose PHI as required by law, including to government officials to prevent or control disease; to report child, adult or spouse abuse; or to report reactions or problems with products used in Kiddo Communication.

#### **Health Oversight Activities**

We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to audits, investigations, inspections, and licensure. These activities are necessary for the

government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Workers Compensation**

We may disclose PHI for workers compensation or similar programs.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### ***Your Rights Regarding Health Information About You***

You have the following rights, subject to certain limitations, regarding the PHI we maintain and disclose:

#### **Right to Inspect and Copy**

You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. We may charge you a fee for the costs of copying, mailing or other supplies associated with your request.

#### **Right to Request Amendments**

If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information; however, you must disclose to us the reason for your request. A request for amendments must be submitted, in writing, to Kiddo Communication at the address listed at the beginning of this document.

#### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures" of PHI. This is a list of certain disclosures we have made of PHI. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list.

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement or the information is needed to provide you with emergency treatment. All restriction requests must be submitted, in writing, to Kiddo Communication at the address listed at the beginning of this document.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by e-mail or only by phone. Your request must specify how or where you wish to be contacted and must be submitted, in writing, to Kiddo Communication at the address listed at the beginning of this document. We will accommodate reasonable requests.

#### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting Kiddo Communication at the address or phone number at the beginning of this document.

#### **How to Exercise Your Rights**

To exercise your rights described in this Notice, send your request, in writing, to Lisa Sommer- Owner of Kiddo Communication at the address listed at the beginning of this document.

#### **Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have as well as any information we receive in the future.

**For Kiddo Communication Use Only**

Complete this section if this form is not signed and dated by the patient or patient's representative.

**I have made a good faith effort to obtain a written acknowledgement of receipt of the Kiddo Communication Notice of Privacy Practices but was unable to for the following reason:**

- Patient refused to sign
- Patient unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date