

Capable Kids Home Therapy Co.

Helping Children Reach Their Unique Potential

Consent to Use and Disclose Health Information for Treatment, Payment, and Health Care Operation Purposes

(Valid for one year from date of signature.)

Client Name _____ Date of Birth _____

I give my voluntary consent for Capable Kids Home Therapy Co. to use and disclose health information regarding _____ to carry out treatment, payment, and health care operations as well as to

(Client Name)

the following agencies/individuals: _____

(Capable Kids Home Therapy Co. Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

I understand that I have the right to review the Notice of Privacy Practices prior to signing this consent.

I have received a copy and read the Notice of Privacy Practices and understand its meaning.

With this consent, Capable Kids Home Therapy Co. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist in the practice in carrying out treatment, payment, and health care operations, such as appointment reminders, insurance items, and any calls pertaining to clinical care.

With this consent, Capable Kids Home Therapy Co. may e-mail to my home or other alternative location in reference to any items that assist in the practice in carrying out treatment, payment, and health care operations, such as appointment reminders, insurance items, and any calls pertaining to clinical care.

I have the right to request that Capable Kids Home Therapy Co. restrict how it uses or discloses protected health information to carry out treatment, payment, and health care operations. However, Capable Kids Home Therapy Co. is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Capable Kids Home Therapy Co.'s use of disclosure of my child's protected health information for treatment, payment, and health care operations.

I may revoke my consent in writing except to the extent that Capable Kids Home Therapy Co. has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Capable Kids Home Therapy Co. may decline to provide services to me.

Receipt of Notice of Privacy Practices

I, _____, have received a copy of Capable Kids Home Therapy Co. Notice of Privacy Practices.

Signature of Client or Client's Representative

Date

Printed Name of Client or Client's Representative

Relationship to Client