



'more than words' PEDIATRIC THERAPY ASSOCIATES, INC
Speech, Behavioral Intervention, and Occupational Therapy

Patient Rights Consent Form

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

I understand that by signing the consent I authorize you to use and disclose my protected health information.

I, _____, have been informed of my rights and understand my rights regarding the possible ways in which "more than words' Pediatric Therapy Associates, Inc may use and disclose my protected health information. I have also been informed of, and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPPA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice. I understand that I may revoke this content, in writing, at any time. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Print Patient Name: _____

Relationship to Patient: _____

Signature of Parent/Guardian: _____ Date: _____

IEP Information

Please read and sign each line that applies to your child's situation.

1- My child is receiving special services through the school system such as Speech or Occupational Therapy?

(Please check one)

Yes ___ I understand that I will need to provide an IEP (Individualized Education Plan) yearly for my child provided by his school

No ___ I understand that I will need documentation from the public school system that the patient is enrolled in a public school and is not receiving speech services.

Signature of Parent/Guardian: _____ Date: _____

2- My child is in a private or home school and is not receiving any special education from a public agency?

(If the above statement is true and applies to your child's situation please sign below.)

Signature of Parent/Guardian: _____ Date: _____

3- My child is not enrolled in school and is not receiving special services from any public school systems.

(If the above statement is true and applies to your child's situation please sign below.)

Signature of Parent/Guardian: _____ Date: _____