



Client/Parent Consent for Use & Disclosure of Protected Health Information

I hereby give my consent for 321 THERAPY, Speech and Language Therapy to use and disclose protected health information (PHI) about myself/my child to carry out treatment, payment and healthcare operations (TPO). 321 THERAPY, Speech and Language Therapy's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. 321 THERAPY reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to 321 THERAPY Privacy at 3040 North Wickham Road, Suite 4, Melbourne, FL 32935.

With this consent, 321 THERAPY may obtain and/or release protected health information about my/my child's evaluation and/or treatment to other professionals. I will be asked to specify in writing, however, to whom I would like reports and/or other PHI sent and/or from whom I would like information obtained. This information may include, but is not limited to, written evaluation or progress reports, and telephone communication. When possible, 321 THERAPY will inform me verbally prior to initiating communication with other professionals. I will not necessarily, however, be informed of every communication with my child's teacher if my child is at his/her school.

With this consent, 321 THERAPY 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 the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my/my child's clinical care. I will be asked to specify in writing, however, to which phone number(s) I would like to receive communication.

With this consent, 321 THERAPY may mail/email to my home or other alternative location any items that assist in carrying out TPO, such as client statements.

With this consent, 321 THERAPY may send communication notebooks or e-mail to my home or other alternative location which assist in carrying out TPO such as homework assignments and may include homework papers, and/or other papers, etc. containing treatment information that may be seen by others.

I have the right to request that 321 THERAPY restrict how it uses or discloses my PHI to carry out TPO. This request must be made in writing. The practice is not required to agree to my restrictions, however, if it does, it is bound by this agreement.

By signing this form, I am consenting to 321 THERAPY'S use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

Print Name of Client/Parent or Legal Guardian

Signature of Client/Parent or Legal Guardian

Patient Name

Date

3040 N. Wickham Road, Suite 4, Melbourne, FL 32935

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