

**KERWIN TESTING and THERAPY GROUP
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

This notice describes how protected health information about clients may be used to carry out treatment, payment, or health care operations as well as other purposes as permitted or required by law. It also describes a guardian's right to access and control protected information. "Protected Health Information" is information about a client, including demographic information, that may identify the child and that relates to the client's past, present or future physical or mental health condition and related health care services.

Uses and Disclosures of Protected Health Information

Protected health information may be used and disclosed by our office, staff, and/or treatment provider and others outside of this practice who are involved in the care and treatment of any client under our care for the purposes of providing health care services to the client, to pay his/her bill, to support the operation of this practice, and/or any other use required by law.

Treatment: We will use and disclose protected health information to provide, coordinate, and/or manage health care and any related service. This includes the case management of the client's care with a third party as long as we have the client/guardian's consent unless it is an emergency or we are required by law to report any safety concerns. For example, if we make a referral to another agency, we may use the client's protected health information to facilitate the client's care.

Payment: The client's protected health information will be used, as needed, to obtain payment for services offered by this practice.

Healthcare Operations: We may use or disclose, as needed, protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, training of students, licensing, and/or conducting other business activities. For example, the client's name may be called for his/her appointment in the waiting area and/or call the client/caregiver to schedule or confirm an appointment.

We may use or disclose protected health information in the following situations without your authorization. These situations include as required by law, public health issues as required by law, communicable diseases, health oversight, abuse or neglect, Food and Drug Administration requirements, legal proceedings, law enforcement, and workers' compensation. **Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object when required by law. You may revoke this authorization at any time in writing except to the extent that the treatment provider or this practice has taken action in reliance on the use or disclosure indicated in the authorization.**

I acknowledge that I have received and understand the HIPAA Notice of Privacy Practices for the KERWIN TESTING & THERAPY GROUP.

Signature of client/legal guardian or authorized representative

Date

Printed Name of client/legal guardian or authorized representative

Child's Name if Applicable