



Acknowledgement That You Have Received Our HIPAA Privacy Notice

OT4LIFE is required by law to keep your health information and records safe.

This information may include:

- Notes from your doctor, teacher or other healthcare providers
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information maybe used and shared.

I acknowledge that I have received a copy of OT4LIFE's HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

I understand that OT4LIFE cannot disclose my health information other than as specified in the notice.

I understand that OT4LIFE reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Name of Child

Date

Signature of Parent or Guardian/Legal Representative

Relationship to Child/Client

Please Note: It is your right to refuse to sign this acknowledgement.

For Office Use Only

Name of Child/Client

Date

Name of Parent or Guardian/Legal Representative

Relationship to Child

I attempted to obtain written Acknowledgement of our Privacy Notice from the child's parent or guardian/legal representative noted above. It could not be obtained for the following reason(s)

- An emergency prevented us from obtaining acknowledgement.
- The individual was unwilling to sign.
- A communication barrier prevented us from obtaining acknowledgement.
- Other: _____

OT4LIFE Staff Member Signature

Date