



# Hope's Playground Pediatric Therapy

## Patient Notification of Privacy Rights

### Health Insurance Portability and Accountability Act (HIPAA)

Recent federal law, the Health Insurance Portability and Accountability Act (HIPAA), has created new patient protections surrounding the use of health information. Commonly referred to as the "medical records privacy law," HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA, which applies to all health care providers and agencies throughout the country, requires patient notification of privacy rights as it relates to their health care records.

In health care, confidentiality and privacy are central to the success of the therapeutic relationship. You will find that we will do all we can to protect the privacy of your records. Please read the enclosed documents to better understand your privacy rights. If you have any questions, please contact the office manager for further clarification.

HIPAA also requires that your signature is secured, indicating that you have been given documentation detailing your patient rights. Thank you for your cooperation.

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Hope's Playground Pediatric Therapy, Inc. has offered me a copy of the Patient Notification of Privacy Rights document that gives a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters.

\_\_\_\_\_ I have accepted a copy of the Patient Notification of Privacy Rights document.

\_\_\_\_\_ I have been offered a copy of the Patient Notification of Privacy Rights document, but do not wish to have a copy at this time.

\_\_\_\_\_  
Client name (Please Print)

\_\_\_\_\_  
Legal Guardian signature

\_\_\_\_\_  
Client Date of Birth

\_\_\_\_\_  
Date Signed

