

JENNIFER ANN SPEECH THERAPY

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Patient Notification of Privacy Policies (HIPAA Authorization)

I hereby authorize use or disclosure of protected health information about my child as described below:

1. Confidential information is stored in a secure location away from public access. All computers containing confidential information are only accessed by password.
2. Jennifer Ann Speech Therapy is authorized to disclose pertinent health information to insurance companies or referring physicians for the purpose of requesting doctor's orders, authorizations for service or to obtain reimbursement for services. Information may be sent via first class mail or email/fax in place to limit likelihood of unauthorized access.
3. Jennifer Ann Speech Therapy is authorized to use or disclose pertinent health information that is required for speech-language therapy purposes.
4. Jennifer Ann Speech Therapy Services may disclose health information considered pertinent to speech-language therapy to specified professionals (i.e. social workers, teachers, psychologists, physicians, therapists, ect.) with signed release from parent or guardian.
5. I, the parent/guardian, may revoke this authorization by notifying Jennifer Schoonover in writing of my desire to revoke it. However, I understand that any action already completed prior to the request to revoke this authorization cannot be reversed, and my revocation will not affect those actions.
6. This authorization expires when the client is discharged from therapy.

Parent/Guardian Signature

Date