

Hand Led Therapy Release Form



Electronic Signature Release

By selecting "I Agree" below, you agree to the use of electronic signatures. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in providing or making any agreement, acknowledgement, or consent constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract. You may withdraw your consent to use electronic signatures at any time by contacting us via email at eileen@handledtherapy.com.

I certify, under penalty of the law, that I am the same person listed below as the **child's parent/legal guardian**.

I, _____ **agree** to the use of Electronic Signatures
Print Name of Parent/Legal Guardian

I, _____ **do not agree** to the use of Electronic Signatures
Print Name of Parent/Legal Guardian

Electronic Documentation Release for Parent and Legal Guardian Email

I give Hand Led Therapy LLC permission to email therapy session notes and evaluation reports pertaining to the child listed below to the following parent and legal guardian/caregiver email address(es) listed:

Child's Name

Child's Date of Birth

Parent/Legal Guardian's Signature

Date

HIPAA Information Release

YOUR INDIVIDUAL RIGHTS UNDER HIPAA

- You have the right to request restrictions on certain uses and disclosures of your Protected Health Information. For example, you may wish to restrict your employer from knowing about a medical condition. Regardless of your request, please know that the HIPAA rules allow our office to share your Protected Health Information with the Covered Entities. If you wish to restrict your PHI please make this request in writing to Hand Led Therapy LLC, 8119 Windsor Ridge Rd. Orlando, FL 32835.
- You have the right to receive your Protected Health Information in a confidential communication from our office, such as the US mail. If you have a specific request for communication, please discuss this with Eileen Chadwick, Hand Led Therapy LLC owner.
- You have the right to inspect and copy your Protected Health Information. Copies of your Protected Health Information are available for a reasonable fee paid to our office to cover our expenses of reproducing them. You may request this information at any time via Eileen Chadwick, Hand Led Therapy LLC owner.

- You have the right to request that we amend your Protected Health Information. In some cases, we may require that these requests be in writing and be supported by a reason for the change. Generally, this will not apply to such routine changes as address or phone number listings.
- You have the right to receive, upon request, an accounting of your Protected Health Information that we have provided to Non-Covered entities.
- If you have read and responded to this notice through electronic media such as our website or email, you have the right to receive a paper copy of this notice upon request.

If you would like to exercise any of these rights, please contact Eileen Chadwick, Hand Led Therapy LLC owner directly at eileen@handledtherapy.com. Hand Led Therapy LLC is required by law to maintain the privacy of your Protected Health Information and to provide you with this notice of our legal duties and privacy practices as they apply to your Protected Health Information. We are also required to abide by the terms of this notice, which is currently in effect as of 08/08/2019.

In the future, we reserve the right to change the terms contained in this notice and make any new provisions effective for all of the Protected Health Information we maintain. In the event we elect to change the terms of this notice, a new notice will be posted in our office. In addition, you may receive notification by direct mail, email, or other such communication as our practice may implement from time to time. If PHI is shared under a patient's authorization with a third party, that third party may redisclose that PHI.

Should you ever believe your privacy rights have been violated, we request you to file a complaint with our office by contacting us by e-mail to eileen@handledtherapy.com. You may also register your complaint with the Secretary of the US Department of Health and Human Services, Office of Civil Rights. As part of our commitment to you, we value your privacy and take every precaution in our practice to preserve your right to that privacy. Any complaint you file will be used strictly to improve our operating procedures and in no way will you be retaliated against for filing a complaint.

By checking the boxes below, you give Hand Led Therapy LLC permission to communicate verbally and electronically with the following and you acknowledge and agree that if the third parties listed below redisclose any Protected Health Information provided by Hand Led Therapy LLC, it will no longer be protected under the HIPAA Privacy Rule and you do not hold Hand Led Therapy LLC responsible in any way for the unauthorized disclosure of such information.

All School Staff (teachers, teacher's aides, administrative staff, additional support staff)

School Name: _____

Parents/Legal Guardians/Child Care Providers: _____

Tutors (List names): _____

Other Health Professionals (List names): _____

I do **not** give Hand Led Therapy permission to verbally or electronically communicate with the listed persons: _____

I **agree** This HIPAA Information Release will remain in effect from the sign date listed below until terminated by the child's parent/legal guardian in writing.

Parent/Legal Guardian's Signature

Date