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## CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

**Use and Disclosure of Your Protected Health Information:** Your protected health information will be used by OT4KIDS, INC. or be disclosed to others for the purpose of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

**Notice of Privacy Practices:** You should review the Notice of Privacy Practices for a more complete description of how our protected health information may be used or disclosed. You may review the notice prior to signing this consent.

**Requesting a Restriction on the Use or Disclosure of Your Information:** You may request a restriction on the use or disclosure of your protected health information.

**Information Agreement:** OT4KIDS, INC. may or may not agree to restrict the use of your protected health information. If OT4KIDS, INC. agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of federal policy standards.

**Revocation of Consent:** You may revoke the consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that had already occurred prior to the date on which your revocation of consent is received will not be affected.

**Reservation of Right to Change Privacy Practices:** OT4KIDS, INC. reserves the right to modify the privacy the privacy practices outlined in the notice.

**Signature:** I have review this consent form and give my permission to OT4KIDS, INC. to treat my child and use and disclose my health information in accordance with it.

Name of Patient (Print or Type) \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ **OR**

Signature of Responsible Party: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Relationship of Patient Representative to Patient \_\_\_\_\_