WORD OF MOUTH
Clinical Associates

# PATIENT NOTIFICATION OF PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the "medical records privacy law", HIPAA provides patient protections related to the electronic transmission of data ("the transaction rules"), the keeping and use of patient records ("privacy rules"), and storage and access to health care records ("the security rules"). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. This "Patient Notification of Privacy Rights" informs you of your rights related to disclosure of information. If you have questions about any of the matters discussed in this document, please ask your provider or Lynne F. Robertson, M.A., CCC – SLP (HIPAA contact for this office) for further clarification.

I, _____, understand and have been provided a copy of Word of Mouth Speech & Learning Associates Patient Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

Parent Signature: _____

Date: _____