



HIPAA Privacy Notice Acknowledgement

Children In Motion Therapy Services is required by law to keep your health information & record safe. This information may include

- Notes from your doctor, teacher, or other healthcare provider
- Medical history
- Test results
- Treatment notes
- Insurance information

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared.

☐ I acknowledge that I have received a copy of Children In Motion Therapy Services's HIPAA Notice of Privacy Practices that fully explains the uses and disclosures they will make with respect to my individually identifiable health information.

☐ I have had the opportunity to read the notice and to have any questions regarding the notice answered to my satisfaction.

☐ I understand Children In Motion Therapy Services cannot disclose my health information other than as specified in the notice.

☐ I understand that Children In Motion Therapy Services reserves the right to change the notice and the practices detailed therein if it sends a copy of the revised notice to the address I have provided.

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Relationship to Client

Michaelene Kearney OTR/L, Pediatric Occupational Therapist

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