



### HIPPA AUTHORIZATION

I understand that as part of my health care, Rainbow Skies Speech-Language Therapy, LLC, maintains records about my health as related to my speech, language, hearing and/or swallowing abilities and is required by law to keep your health information private. This information may include:

- Notes from your doctor
- Your medical history
- Your evaluation results
- Treatment Notes
- Insurance Information

The attached Notice of Privacy Practices gives a more complete description of how my health information may be used or disclosed by Rainbow Skies Speech-Language Therapy, LLC. The Notice of Privacy Practices also explains my rights regarding my personal health information, including the right to access my own records and the right to request restrictions as to how my health information is used or disclosed.

I have been provided a Notice of Privacy Practices and have been given the opportunity to review this information.

By signing this page, you are acknowledging that you have been given a copy of our privacy notice. Please retain a copy of this privacy notice for your records.

Clients Name: \_\_\_\_\_

Client's D.O.B.: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_