

**PLANO THERAPEUTIC SERVICES
MARY PAT BRAGERS, OTR
PATRICIA LEVIN MATZKE, MS, OTR
4011 WEST PLANO PARKWAY, SUITE 118
PLANO TEXAS, 75093
972-596-6192**

PRIVACY STATEMENT/ HIPAA RELEASE FORM

The medical information that you provide to us regarding your child will not be disclosed or exchanged without your express consent or authorization, unless required by law. We maintain confidentiality protection of all physical and electronic records and use procedural safeguards that comply with the Privacy Rules.

- We will use your health information for your child's treatment
- We will use your health information for payment
- We may use your health information for the purpose of teaching student clinicians.

Please sign below to indicate that you have read and understand the above policies.

Child's name

Signature of parent or guardian

RELEASE OF INFORMATION

I authorize the release of my child's information to the following :

Child's school _____
Professionals working with your child

Other _____

This will remain in effect until terminated by in writing.

Signed: _____ Date: _____