



## Consent Form to Comply With Federal HIPAA Act

### Patient Consent for Use & Disclosure of Protected Health Information

With my consent and signature, Daniel Island Academy LLC. may use and disclose protected health information about my child to clinicians or other defined professional associates as directed by the parent or Guardian:

- 1) Carry out treatment, payment, and healthcare operations (services).
- 2) Call my home or other designated locations and leave a message on voice mail or by phone in reference to any item (i.e. but not limited to, appointment reminders, insurance items, references to clinical care or laboratory results) that will assist in the practice of medical care for my child.
- 3) Mail to my home or other designated address any item (i.e. but not limited to, appointment reminder cards, patient financial statements) that will assist in the practice of medical care for my child. Such correspondence is to be marked personal and confidential.
- 4) Send or transmit e-mail to any location provided by me for all above similar items and purposes.
- 5) To use and/or disclose protected health information about my child to/with third parties involved in my child's care. Such parties may include but are not limited to, insurance companies, hospitals, specialty physicians, laboratory personnel. I may specifically describe the type of information (i.e. dates of services, level of detail, origin of information) subject to disclosure and may revoke this permission at a time and date chosen by me. By providing a written statement to the privacy officer of McLean Medical Services, Inc., I may revoke this permission. However, McLean Medical Services, Inc. may decline to provide further treatment to my child. McLean Medical Services, Inc. may also decline further treatment to my child should my restrictions on the type of third party information, in its opinion, impede medical care of my child.
- 6) I have the right to review the Notice of Privacy Practice Manual of Daniel Island Academy LLC. Daniel Island Academy LLC. may revise its manual and procedures at any time deemed necessary, and I may request from time to time in writing a copy of such changes, should these changes directly relate to my child's care.
- 7) I have the right to request that Daniel Island Academy LLC. restrict how it uses or discloses my child's health information. However, as stated previously, Daniel Island Academy LLC. is not required to agree to my restrictions. If Daniel Island Academy LLC. accepts my restrictions, Daniel Island Academy LLC. is then bound by the restriction in the agreement setting forth the restricted information, until providing me in writing a cessation of such agreement.
- 8) I may revoke this entire consent in writing at any time. If I do not sign this consent, or revoke this consent, Daniel Island Academy LLC. in their sole discretion, may decline further treatment for my child.
- 9) The Federal HIPAA (Privacy Act) of 2001 was created to protect my child's health information. I understand this must be accomplished within the provisions and rules set up by Daniel Island Academy LLC. to fulfill this federal law. I may request to review the manual which spells out these provisions. Daniel Island Academy LLC. will comply with this law to preserve privacy. If compliance with this law impedes the medical care of the patient, Daniel Island Academy LLC. may decline to provide further care. Daniel Island Academy LLC. will strive to provide information so that I may make an informed decision concerning the privacy of my child's medical information.

\_\_\_\_\_  
Signature of Parent or Legal Guardian of minor child

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

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian of minor child

\_\_\_\_\_  
Witness (Initials)

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

