



Client Name:

MR#:

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Our notice of Privacy Practices and Program Information provides information about the services that Success 4 Kids and Families provide. It also discusses how we may use and disclose protected health information about you. The Notice contains a Participant Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment or health care operations. We are required by law to honor that agreement except in the cases outlined in the Notice.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. Success 4 Kids and Families provides this form to comply with the Health Insurance Portability and Accountability Act (HIPAA).

The participant understands that:

- Protected health information may be disclosed or used for treatment, or health care operations.
- S4KF reserves the right to change the Notice of Privacy Practices.
- The participant has the right to restrict the use of their information but S4KF does not have to agree to those restrictions.
- The participant has been provided with a copy of the agency’s Notice of Privacy Practices.
- The participant may revoke this Consent in writing at any time and all future disclosures will cease.
- S4KF may not condition treatment upon execution of this consent.

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Client Signature

Date

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Parent / Legal Guardian Signature

Date

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S4KF Staff Signature

Date