

PRIVACY PRACTICES ACKNOWLEDGMENT & CONSENT

! This statement acknowledges that you have received our "Notice of Privacy Practices" and that you are willing to have us communicate information about your child's case as described in that Notice.

I understand that in providing treatment for my child (or the child I am authorized to represent) named below, Jasper Mountain will use and disclose my child's health information.

Child: _____ **Date of Birth:** _____

I understand that the above-named child's health information may include information both created and received by the agency, may be in the form of written or electronic records or spoken words, and may include information about family & health history, health status, test results, diagnoses, treatments, prescriptions and similar types of health-related information. I understand that Jasper Mountain may use and disclose health information for treatment, payment or health care operations, including the following kinds of uses:

- make decisions about and plan for my child's care and treatment;
- refer to, consult with, coordinate among and manage along with other health care providers for my child's care and treatment;
- determine eligibility for health plan claims and other related information to insurance companies or others who may be responsible to pay for some or all of my child's health care
- and perform various office, administrative and business functions that support Jasper Mountain's efforts to provide my child with, arrange for, and be reimbursed for, quality health care.

I also understand that I have the right to receive and review a written description of how Jasper Mountain will handle health information about the above named child. This written description is known as a Notice of Privacy Practices and describes the uses and disclosures of health information made and the information practices followed by the personnel of Jasper Mountain, and rights regarding my child's health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy of the most current version of Jasper Mountain's Notice of Privacy Practices in effect will be posted in the waiting/reception areas of the agency. It is also available on the agency's website: www.jaspermountain.org.

I understand that I have the right to ask that some or all of my child's health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that Jasper Mountain is not required by law to agree to such requests. By signing below, I agree that I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

Name of Parent/Guardian (Please Print)

Relationship to Child (*Granting Authority to Sign*)

Parent/Guardian Signature

Date