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HIPAA NOTIFICATION

Kids Abilities is complying with the Health Insurance Portability and Accountability Act (HIPAA) by informing our clients of how we use and disclose personal health information (PHI).

What is PHI?

- Name
- Address
- Telephone number
- Email address
- Identification Number
- Social Security Number
- Medical Information

What information is included in the Notice of Privacy Practices?

Kids Abilities is committed to protecting the health information of our clients. The Notice of Privacy Practices is a detailed description of how we collect, use and disclose personal health information. It explains:

- The circumstances in which Kids Abilities is allowed by law to use and disclose PHI without client's approval.
- Client's additional rights with respect to PHI.
- Where to go for more information about their PHI.
- How to file a complaint.

Acknowledgement of Receipt

By signing this statement you are acknowledging that you have received Kids Abilities HIPAA Notice of Privacy Practices:

Client Name: (Please print): _____

Parent/Legal Guardian Signature: _____

Date: _____

Other Authorizations

Please indicate your preferences by circling yes or no.

I authorize Kids Abilities staff to contact me by phone and leave voicemails when necessary.

Yes No

I authorize Kids Abilities staff to contact me via text message. Yes No

I authorize Kids Abilities staff to treat my child in Kids Abilities' gym where other staff and/or clients may be present. Yes No

I authorize Kids Abilities staff to discuss therapy sessions including progress, concerns and recommendations with me in the Kids Abilities lobby. Yes No

I prefer any discussions before/ after my child's therapy sessions take place in a private room.
Yes No

Client Name: (Please print): _____

Parent/Legal Guardian Signature: _____

Date: _____