



600 Waukegan Rd, Unit 132  
Northbrook, IL 60062  
847-784-8733  
kidnectivity.org

## Client HIPAA Consent Form

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you or your child. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by submitting your request in writing to Kidnectivity, LLC or by reviewing the current copy located at [kidnectivity.org/forms](http://kidnectivity.org/forms).

You have the right to request that we restrict how protected health information about you or your child is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

Initial which information and circle which method you consent to for communication:

_____	Scheduling	Telephone	Text	Email
_____	Appointment Reminders	Telephone	Text	Email
_____	Billing	Telephone	Text	Email
_____	Treatment	Telephone	Text	Email
_____	Health Information	Telephone	Text	Email

By signing this form, you consent to our use and disclosure of protected health information about you or your child for treatment, payment and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date