



## Privacy Policy

Seacoast Keystone Therapy, LLC follows all HIPAA regulations in regards to confidentiality (Health Insurance Portability and Accountability Act). For detail on HIPAA regulations please visit:

<http://www.hhs.gov/ocr/privacy/>

Personally identifiable information is protected at all times. Information will not be shared outside of the company unless a release of information form is filled out by a parent/guardian except in the normal course of business. This includes sharing information with providers of insurance, business partners and service providers only as needed to conduct normal business processes. All of your child's clinical files are protected following HIPPA regulations. All documents and clinical files will be shared at parent request. Seacoast Keystone Therapy makes it common practice to proactively provide documentation of all reports, assessments and clinical update information with families.

My signature below indicates that I have read Seacoast Keystone Therapy's Privacy Policy. I understand and agree to comply with all standards set for by Seacoast Keystone Therapy, LLC. I certify, by my signature below, that I am agreeing to comply with the listed patient rights and responsibilities listed above.

Parent Signature:	Date:
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My signature below indicates that I am giving permission to Seacoast Keystone Therapy to directly communicate to my child's primary care physician regarding clinical information in order to conduct business within best practice. My child's PCP is:

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I understand and agree to comply with all standards set for by Seacoast Keystone Therapy, LLC. I certify, by my signature below, that I am agreeing to comply with the listed patient rights and responsibilities listed above.

Parent Signature:	Date:
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