



Dear Parents,

Our facility wants to meet the highest standards in regards to HIPAA COMPLIANCE. We do have a concern about respecting your confidentiality as a patient at InterPlay.

As you know, after each session our skilled therapists' discuss with you what happened during the appointment and/or recommend effective strategies that may be applied at home.

Some of the information exchanged may be heard by other people in the waiting room.

As a result we want to make sure that is ok with you to discuss your child's performance during the session and his/her progress, potentially in front of other people.

*If you do not mind talking about your child in the waiting room and want to continue to do so please write your name, sign and date.

Name: _____

Signature: _____ Date: _____

OR:

*If you **do not** want to talk about your child in the waiting room where other people may overhear your conversation, we respect your decision and will accommodate your needs. Please write your name, sign and date here if you want to discuss your child in a private area at InterPlay.

Name: _____

Signature: _____ Date: _____