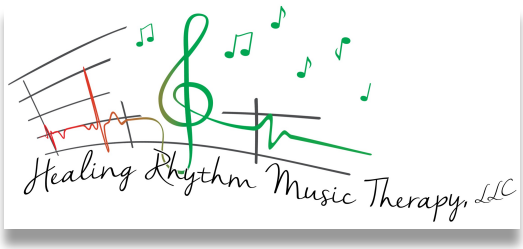


HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

1. Authorization

I authorize *Marchele (Shelly) Gilman of Healing Rhythm Music Therapy, LLC*, to receive and disclose the protected health information as needed for my child:

_____ to

☐ Therapists: _____

☐ School Name: _____

☐ Please list any others:

_____

_____

2. Effective Period

This authorization for release of information covers the period of healthcare from:

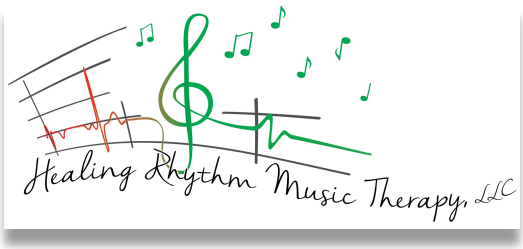
a. ☐ _____ to _____. **OR**

b. ☐ all past, present, and future periods.

3. Extent of Authorization

a. ☐ I authorize the release of any health records that are deemed appropriate for developing and/or modifying therapeutic goals.

b. ☐ Approved information includes written documents and /or verbal discussion.



4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that any information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. Thereby, this authorizes discloser and recipient to communicate about said information.

_____ _____

Printed name of patient or personal representative Relationship to the patient

_____ _____

Signature of patient or personal representative Date

_____ _____

Phone number Address