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## HIPAA Notification

I am required by law to maintain the privacy of protected health information, give you a notice of our legal duties and privacy practices regarding health information about your child, and follow the terms of this notice that is in effect as of December 11, 2008 (attached pages).

By signing this document you acknowledge receipt of the privacy policy as it relates to protected health information about your child's treatment, payment and health care operations.

You have the right to request restrictions, which must be made in writing to:

Time to Talk, LLC  
9910 White Blossom Boulevard  
Louisville, KY 40241

Signature \_\_\_\_\_ Date \_\_\_\_\_