Our staff at *Sound Starts Music Therapy* would like to thank you for choosing us and welcome you to our family.

It is our goal at *Sound Starts* to provide you with outstanding services, support, and communication regarding your family's needs. We provide an environment that is encouraging, well-informed, enjoyable, and sincere. We want you to be an integral and active participant in your child's therapy and/or lessons, and we want learn how to provide an environment for your child and family that will support his/her development. We also want you to be involved in establishing goals, treatment planning, home exercises, and discharge planning. Our intention is to move towards a level of independence within everyone's abilities.

Included in our paperwork you will find:

- family/patient information sheet
- financial agreement/attendance policy
- consent to treat/medical release/permission for exchange of info
- permission to leave site
- audiovisual, photograph, & observation release
- HIPAA policy

Please read all forms thoroughly so that you are informed about the agreements you are signing, and ask any questions to better help us serve you and your family.

Additionally, some other pieces of information are requested:

- Most recent **OT/ST/PT/IEP/Psychological** evaluations within the past year

If filing insurance:

- Copy of driver's license
- Copy of the front and back of your insurance card
- Current prescription from PCP – Must state **MT** services 1x a week, for 12 months for specific diagnoses (We will assist in obtaining this)

Please note that these items MUST be received prior to your child's initial session.

We look forward to working with your family.

Thank you,

Mary Altom, MT-BC
Owner, Sound Starts Music Therapy

Client Information Form

Client's Name (as it appears on insurance card)	Client Preferred Name	DOB
Parents' Names		Male Female (circle)
Address	City	Zip
Home Phone	Cell Phone	
Email		
Diagnosis(if known)		
Primary Physician		
Physician's Phone & Address		

Other doctors or specialists involved in your child's care

Name	Specialty	Phone #

How did you hear about Sound Starts?

Insurance Information (if applicable)

Primary Insurance	Name of Insured	
Insured SS#	Insured DOB	Employer's Name
Member ID	Group #	
Claims Address (found on back of card)		
Customer Service Phone #		

I understand and agree to the Sound Starts Music Therapy Notice of Privacy Practice.

Signature: Date:

Sound Starts Music Therapy
3550 Parkwood Blvd. #705 Frisco, TX 75034
Phone: 469-443-6224 Fax: 214-975-2430
www.soundstartsmusic.com

Family Background

Mother's Name	Age	Occupation
Father's Name	Age	Occupation
Marital Status (circle) Single Married Divorced Separated Widowed		Is your child adopted? Y N (circle)
Languages Spoken at Home (circle primary)		

Siblings of the child

Name	Age

What are your priorities in coming to Sound Starts?

Does your child currently receive other therapy services? Y N (circle)
If yes, where and when?

Medical History

At how many weeks was your child born? Birth weight?

Were there any complications during the pregnancy for delivery? Y N (circle)

If "yes," Please describe:

Was your child hospitalized after birth?

Does your child have any other medical issues?

Please list any hospitalizations and/or medical procedures your child has received:

Current Medications:

Name	Dosage	Frequency	Reason for medication

Any known allergies? Y N (circle) If yes, please describe:

Any diet restrictions? Y N (circle) If yes, please describe:

Education Information

Is your child currently enrolled in school? Y N (circle)

If yes, where and days attended:

Does your child receive any services through the school? Y N (circle)

If yes, what services?

Does your child have a current Individualized Education Plan (IEP)? Y N (circle)

Social/Emotional History

What are your child's favorite toys/activities?

What are your child's favorite songs?

What typically calms/soothes your child?

Is your child currently enrolled in any community activities (music class, play groups, Mother's Day Out, swim lessons, sports, etc.)?

Anything else you would like to tell us about your child or your family?

PARENT/GUARDIAN SIGNATURE **DATE**

PRINTED NAME **RELATIONSHIP TO CHILD**

Sound Starts Music Therapy
3550 Parkwood Blvd. #705 Frisco, TX 75034
Phone: 469-443-6224 Fax: 214-975-2430
www.soundstartsmusic.com

Permission for Exchange of Information

I authorize Sound Starts Music Therapy to release necessary and pertinent medical information to physicians, case managers, and insurance companies as needed for my child, _____

Approved information may be exchanged with the following people directly related to my child's care:

- other therapists
- school name:
- others (list):_____

Approved information includes **written documents** and/or **verbal discussion**.

_____

PARENT/GUARDIAN SIGNATURE **DATE**

_____

PRINTED NAME

Permission for Parent to Leave Site During Treatment/Lessons

I, _____ , (Parent or Legal Guardian) acknowledge that I am the parent of _____. I understand that while my child is receiving therapy or lessons I may leave the premises. However, I will give *Sound Starts Music Therapy* a **working phone number where I can be reached during my absence**. In addition, I agree that I will return prior to the end of the session. I give consent and permission to *Sound Starts Music Therapy* for any additional treatment or transportation that may be needed in the event that my child is injured or needs medical attention.

Also, I understand that the ability to continue to leave the premises while my child is at therapy or lessons is at the discretion of *Sound Starts Music Therapy* and/or my child's therapist. **If a client is known to be physically aggressive, parent or guardian may be required to attend sessions.** I hereby release *Sound Starts Music Therapy* and any agents or assignees from any and all claims for damages related to my leaving the premises during my child's therapy or lessons.

_____

PARENT SIGNATURE **DATE**

_____

PRINTED NAME **CELL PHONE #**

_____

SECONDARY EMERGENCY CONTACT **PHONE #**

Client Portal

Sound Starts Music Therapy uses web-based software to manage client scheduling, reminders, payments, attendance, and session notes called My Music Staff. Data for therapy clients will be maintained using a program called Mundo Pato Therapy Intelligence. Upon enrollment parent will be sent a link to create an account where you will be able to view information about your schedule, payments, and your child's session notes.

_____Initial

Newsletter

Sound Starts Music Therapy owns www.musictherapykids.com, a resource for parents and other therapists who are looking to incorporate music activities into interactions with their child. A newsletter is emailed monthly to those wishing to receive it.

DO / DO NOT (circle) Subscribe Me

_____Initial

Location

At this time Sound Starts provides therapy and lessons at the following location:
Sound Starts Music Therapy: *3550 Parkwood Blvd #705 Frisco, TX 75034*

When you enter, please have a seat in the waiting room and the music therapist will greet you at your designated appointment time.

Termination of Services

Both Sound Starts Music Therapy and the parent/legal guardian have the right to terminate services at any time. Sound Starts Music Therapy requests notification at least two weeks prior to discontinuation of therapy or lessons to allow for closure and to accommodate other families who are waiting for services.

Music Therapy services may be discontinued when services are no longer needed, the therapist recommends a change in services, when the goals of the treatment plan have been achieved and client can continue to progress without the aid of music therapy and/or when the parent/legal guardian terminates services. At the time of termination consideration will be given for scheduling periodic reassessment to determine the need for follow-up services.

_____Initial

Child's Name **DOB**

Financial Policy – Private Pay

Insurance coverage is available only for families seeking music therapy services. Insurance companies will not pay for music lessons (adapted or traditional). *Sound Starts* requires payment for lessons and private pay music therapy services scheduled for the month at the first session of each month. If monthly payment presents a financial hardship, payment may be made bi-monthly or per session at the discretion of *Sound Starts Music Therapy*. **Payment will always be due at time of services rendered**. Should a balance remain on your account at the end of the month (due to session cancelled with notice), the balance will be applied to the following month.

_____Initial

Financial Policy – Insurance

If seeking insurance reimbursement, a copy of your driver's license and insurance information is required before services begin. Benefits will be verified upon receipt of your insurance information and you will be made aware of any estimated out-of-pocket expenses before any services are started. *Sound Starts Music Therapy* does not verify benefits for Blue Cross Blue Shield Plans as they will not cover music therapy services. Information obtained from insurance companies is not always a guarantee of payment. Families are ultimately responsible for payment for non-covered services. It is imperative that families are aware of their insurance coverage and their potential responsibilities. We will strive to keep open communication in regards to insurance and payment. Families will inform *Sound Starts Music Therapy* of any changes regarding insurance. Families assign benefits for filed claims to be paid to *Sound Starts Music Therapy*. Any payment sent directly to the family, intended to cover therapy services provided by *Sound Starts Music Therapy* should be given to Mary Altom, MT-BC, Owner.

_____Initial

The usual and customary rate for services is billed to insurance. If we bill your insurance and you have a deductible, the full amount applied to your deductible will be billed to you. *Sound Starts Music Therapy* does not accept Medicaid, therefore families are responsible for all co-pays, coinsurances, and deductible expenses associated with each date of service. Sound Starts Music Therapy accepts cash, check, VISA, MASTERCARD, Discover, and American Express. There is a $50.00 fee for all returned checks.

_____Initial

We submit claims to insurance within one month of service dates. If payment has not been received within 60 days, the family will be responsible for the balance. If insurance makes payment, the family will be reimbursed any money that was paid for these services. If a family receives a bill that is not paid within 30 days of receipt of invoice, there will be a $20.00 late fee added and services risk being put on hold.

_____Initial

Sound Starts Music Therapy will file ALL insurance claims as an out-of-network provider. SSI Medicaid is not accepted. If authorization is required, therapist will submit based on need. Services will be administered after approval has been obtained.

_____Initial

Prompt Pay Discount Policy: *Sounds Starts Music Therapy* offers a prompt pay discount to patients who pay in full at the time of service, in advance of the service, or within 7 days of service. This policy applies to anyone (including insurance companies) who meets the policy guidelines. Usually customary fee per 15 minute interval is $35. Prompt pay discount is $20 per 15 minute interval.

_____Initial

Consent to Treat

I, _____ (parent or legal guardian) consent for Sound Starts Music Therapy to provide my child with music therapy services and/or music lessons. I consent to care and treatment falling under the practice guidelines of the American Music Therapy Association (AMTA), and the Texas Music Educators Association (TMEA). I acknowledge that there is always a risk of injury with any therapy involving physical activity.

PARENT/GUARDIAN SIGNATURE **DATE**

PRINTED NAME

Attendance Policy

Because of frequent no-shows and cancellations, *Sound Starts Music Therapy* has a policy that states that we require a 6 hour notice for cancellations. After a one-time occurrence, a $20 fee will be charged for EACH missed 30 minute therapy/lesson appointment. A $40 fee applies to EACH missed 60 minute appointment. We know that sickness occurs; therefore, if you think that your child is sick the night before, please call us and give us notice so we may plan accordingly, and/or contact a family who is on stand by for a make- up session or on a waiting list for an evaluation or services.

To that end, we require that a current credit card be placed on file at all times. We will run the no-show/last minute cancellation fee on the date of expected service. This ensures that our clinicians will still receive payment in full for their time and service in preparation for the missed therapy session. In the event of a cancellation, we will make every effort to reschedule as we want your child to benefit from his/her therapy. If your child misses 3 consecutive weeks of therapy, we will make every attempt to hold that slot, but cannot guarantee this with an extended absence.

The staff at *Sound Starts Music Therapy* strives to meet the scheduling needs of every family. If your therapy time does not work for you, please let us know.

The Board of Health considers the following signs to indicate communicable disease/illness: Vomiting, Fever over 100 degrees, Diarrhea, Sore throat, Rash/Swelling, Red, or Running eyes. Please be sure your child is symptom free for 24 hours before resuming therapy. Please note that if you bring your child to therapy and he/she exhibits any of the above symptoms, it is at the therapist's discretion to send them home in order to protect themselves and our other clients from infectious illness.

PARENT/GUARDIAN SIGNATURE **DATE**

PRINTED NAME

Credit Card Authorization

Late Fees/Delinquent Accounts

I authorize *Sound Starts Music Therapy* to maintain my credit/debit card on file. I understand that my card will only be used if (a) My account has been delinquent for more than 90 days and I have not made any effort to make payment and/or (b) My appointment cancelled with less than 6 hours notice or a "no show" occurs for a scheduled appointment. The fee for a late cancellation and/or no show is $20.00 for each missed 30 minute appointment and $40 for each missed 60 minute appointment.

_____Initial

Credit Card Number	Exp. Date	3 digit security code
Name on card	Phone	
Cardholder's Address		
CARDHOLDER SIGNATURE	**DATE**	

Automatic Payment

Some families may wish to have their card charged each month automatically each month. Please note the amount charged may vary according to account balance and number of sessions per month. If you would like to take advantage of this option, please provide the card information below or indicate same as above.

I authorize *Sound Starts Music Therapy* to maintain my credit/debit card on file. I understand that my card will be charged no sooner than the last day each month for that month's lessons or therapy sessions. To terminate automatic recurring payment, notice is *required in writing* prior to the end of the month.

_____Initial

SAME AS ABOVE or LISTED BELOW (circle one)

Credit Card Number	Exp. Date	3 digit security code
Name on card	Phone	
Cardholder's Address		
CARDHOLDER SIGNATURE	**DATE**	

Sound Starts Music Therapy
3550 Parkwood Blvd. #705 Frisco, TX 75034
Phone: 469-443-6224 Fax: 214-975-2430
www.soundstartsmusic.com

Consent for AUDIO/VISUAL Release

I, _____ (Parent or Legal Guardian) GIVE / DO NOT GIVE (circle one) permission for _____ (name of child) to be audio or video taped by the therapists at *Sound Starts Music Therapy*. These audio or video recordings of sessions will be used for education and training purposes only (i.e. clinical supervision, conference presentations). At no time will your child's full name be spoken on the tapes and your child's full identity will remain confidential.

_____

PARENT/GUARDIAN SIGNATURE **DATE**

_____

PRINTED NAME

Consent for Photograph Release

I, _____ (Parent or Legal Guardian) GIVE / DO NOT GIVE (circle one) permission for _____ (name of child) to be photographed by the therapists *at Sound Starts Music Therapy*. These photographs may be used for education and training purposes (i.e. clinical supervision, conference presentations), and may be used by *Sound Starts Music Therapy* for advertisement purposes (i.e. brochures, newspapers).

_____

PARENT/GUARDIAN SIGNATURE **DATE**

_____

PRINTED NAME

Consent for Observation and Music Therapy Student Participants

I, _____(Parent or Legal Guardian) GIVE / DO NOT GIVE (circle one) permission for _____ (name of child) to be observed by an outside party. This includes persons interested in learning more about music therapy/adapted music instruction (such as high school students who plan to major in music therapy) and music therapy practicum students from local universities. I understand that the observer will sign a statement of confidentiality prior to observation and that I will be notified prior to observation.

_____

PARENT/GUARDIAN SIGNATURE **DATE**

_____

PRINTED NAME

Sound Starts Music Therapy
Notice of privacy practices
As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVUALLY IDENTIFIABLE HEALTH INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

How we may use and disclose your IIHI
Your privacy rights in your IIHI
Our obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. You may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:
   - I. Reporting child abuse or neglect
   - II. Preventing or controlling injury or disability
   - III. Notifying individuals if a product or device they may be using has been recalled
   - IV. Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute. Our relationship with you does not confer any doctor/patient or similar privilege against disclosure.
4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official:
   - I. Regarding a crime violation in certain situations, if we are unable to obtain the person's agreement
   - II. Concerning a death we believe has resulted from criminal conduct
   - III. Regarding criminal conduct at our office or at the individuals residence during the treatment
   - IV. In response to a warrant, summons, court order, subpoena or similar legal process
   - V. To identify/locate a suspect, material witness, fugitive or missing person
   - VI. In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)
5. Deceased Patients. Our practice may release IIHI if requested by a government official.
6. Research. Our practice may use and disclose your IIHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your IIHI is being used only for the research and (ii) the researcher will not remove any of your IIHI from our practice; or (c) the IIHI sought by the researcher only relates to decedents and the researchers agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.
7. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

8. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities).
9. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
10. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals
11. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.
12. Parent or legal guardian or other disclosed person. We may disclose information to any other parent or legal guardian of the patient, or to the following person(s) who you are specifically designating to receive this information:
13. Any other person or organization who you may authorize us to provide information to, if that authorization is in writing and is dated and signed by you.
14. Your primary care and/or your referring physician.

The following categories describe the different ways in which we may use and disclose your IIHI

1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have additional tests such as MRI, and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write an evaluation or we may disclose your IIHI to an Occupational Therapist (OT), Speech Language Pathologist (SLP), or Physical Therapist (PT) if requested. Many of the people who work for our practice – including, but not limited to, our OTs, PTs, and SLPs – may use or disclose your IIHI in order to treat you or to assist others in your treatment, Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents.
2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items.
3. Health Business Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment.
5. Health-Related benefits and Services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.
6. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter be with the child during treatment. In this example, the babysitter may have access to this child's information.
7. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you:

1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034, specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034.Your request must describe in a clear and concise fashion:
   The information you wish restricted
   Whether you are requesting to limit our practice's use, disclosure or both; and to whom you want the limits to apply.
3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request in writing and submitted to Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we

may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment or operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, an MT sharing information with another MT in the practice; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before November 1st, 2006. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
6. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice or privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034.
7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice of our health information privacy policies, please contact Sound Starts Music Therapy 8389 Moore Street Frisco, TX 75034.

Effective Date of this notice: September 1, 2014