



Individual Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Summary of Notice of Privacy Practices

Developmental Pathways (DP) Notice of Privacy Practices for Protected Health Information (the "Notice") contains important information about your privacy rights. DP recognizes that the Notice is lengthy and detailed. You still should read the entire document carefully. Note: Our privacy policy was revised 9/2013

This summary highlights some of the important points in the Notice. However, this summary is not a substitute for the Notice.

- The Notice applies to information about your health care and payment for your health care created or received by, or on behalf of, DP.
• The Notice explains how DP will use and disclose your health information without your written permission.
• The Notice explains how you can exercise certain rights. These rights include the right to access your health information, the right to amend your health information and the right to receive an accounting of when and why DP has disclosed your health information to others.
• The Notice explains how you can file a complaint, either with DP or with the federal government, if you believe DP has violated the policies and procedures stated in the Notice.
• The Notice provides contact information for the person who can answer your questions or respond to your complaints about DP's use and disclosure of your health information.

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received DP's Notice of Privacy Practices for Protected Health Information.

Name of individual or personal representative (please print): \_\_\_\_\_

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

Encryption Opt-Out

To safeguard your protected health information and ensure confidentiality, Developmental Pathways encrypts external electronic communication which contains your confidential information. This practice is designed to provide an extra level of security for your personal information; specifically, it requires the recipient to use a password to access the message. Developmental Pathways recognizes that individuals or their personal representatives may choose not to receive encrypted emails for a variety of reasons. In order to opt-out of this requirement, DP must receive written notification. The release below is intended to serve as that notification.

- [ ] I would like Developmental Pathways to continue to send electronic communications encrypted.
[ ] I hereby grant Developmental Pathways permission to send electronic communication unencrypted. This permission applies to me, my team, and my providers, as appropriate.

Name of individual or personal representative (please print): \_\_\_\_\_

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

- [ ] Individual [ ] Guardian [ ] Parent [ ] Authorized Representative