

CLEVELAND CHILD NEUROPSYCHOLOGY SERVICES, LLC
Karen Burk Paull, Ph.D.
Your Information. Your Rights. Our Responsibilities.

Please review carefully.

Your Rights

You have the right to:

- Be treated with dignity and respect
- Obtain a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Submit charges to your insurance company
- Help with public health and safety issues
- Comply with the law

This Notice of Practices applies to the following:

Cleveland Child Neuropsychology Services, LLC, Karen Burk Paull, Ph.D.

Print Patient Name: _____

Print name of Parent/Legal Guardian: _____

Signature (patient or parent/legal guardian): _____

Date: _____