



Pediatric Feeding Institute
South Florida

Our facility wants to meet the highest standard in regards to HIPAA COMPLIANCE. We do have a concern about respecting your confidentiality as a patient at Pediatric Feeding Institute of South Florida, Inc.

After completion of each therapy session, your therapist will discuss with you what happened during the appointment and/or recommend effective strategies that may be applied at home. *Some of the information exchanged may be heard by other people in the waiting room.*

As a result, we want to make sure that it is ok with you to discuss your child's performance during the session and his/her progress, potentially in front of other people.

**If you do not mind talking about your child in the waiting room, please write your name, sign and date.

CHILD'S NAME: _____ **PARENT'S NAME:** _____

Parent's Signature: _____ **DATE:** _____

OR

If you **DO NOT want to talk about your child in the waiting room where other people may overhear your conversation, we respect your decision and confidentiality and will accommodate your needs. Please write your name, sign and date below if you want to discuss your child's progress in a private area at Pediatric Feeding Institute of South Florida, Inc.

CHILD'S NAME: _____ **PARENT'S NAME:** _____

Parent's Signature: _____ **DATE:** _____