

## Notice of Privacy Policies

This notice serves to inform you as to how your healthcare information may be disclosed and your rights regarding privacy of your health care information.

- I) Circumstances in which you / your child's healthcare information may be disclosed without your consent.
- Certain information may be disclosed to your insurance company, my billing service, or to a collection agency without your consent. In these instances the least amount of information necessary to facilitate billing and payment is disclosed. You will be asked to consent to release of confidential, clinic information to your insurance company.
  - In case of an emergency, information may be shared to prevent any imminent harm to you, your child or another individual without your consent.
  - Information may be disclosed in the event of suspected child abuse or neglect as required by law.
  - Information may be release if the record or my testimony is subpoenaed for civil or criminal proceedings.
- II) Circumstances in which information may be shared unless you request otherwise.
- Telephone contact to you regarding appointment dates/times, clinical issues or to return your telephone call or mailing regarding billing, appointment times, etc.
  - You have the right to request certain types of communication or to restrict contact to your home or business as desired. To request this please let me know at your / your child's visit.
- III) Release of information to third parties with you/your child's consent.
- Information may be released to your child's school, primary care physician, therapist or other individual with your prior consent and that of your child if 13 and older. If your child is 13 or older his or her consent will be required before records can be released. In some instances records may not be released if to do so could cause physical or psychological harm to your child. You may be charged for the cost of copying, mailing and procuring records for such release.
- IV) Right to review records.
- You have the right to review you/your child's records if desired. To do so you must indicate in writing and request a date and time to meet to discuss the record. If you disagree with or feel there is error in the content of you/your child's record than you can request that an addendum be made to include your correction to the record. This request must be made in writing.
- V) Complaints regarding release of information or privacy matters.
- You are encouraged to discuss with me at any time your concerns regarding the privacy and confidentiality of your child's care. If you wish to restrict contacts made from my office or to specify a specific address or telephone number for contact you may do so by letting me know at your child's visit or by phone.
  - If you feel that your rights to privacy have been violated you can file a complaint by calling the number below to express your concerns: (253) 358-7176
- VI) Signature of acknowledgement of notification of privacy policy and procedures.
- I acknowledge that I have received the above information regarding my / my child's right to privacy. I agree to discuss with my clinician any concerns that arise regarding my concerns about the confidentiality of my / my child's health care information.

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Signature

Date