



DEBORAH G. MATHER, PH.D.

THErapy FOR INDIVIDUALS · GRIEF & LOSS

PY0727 · PSY17113

## NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information.

**PLEASE REVIEW IT CAREFULLY.**

- The office of Deborah G. Mather, Ph.D. has always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.
- The law permits us to use or disclose your health information to those involved in your treatment. For example, a specialist doctor whom we involve in your care may review your file.
- We may use or disclose your health information for payment of your services. *For example*, we may send a report of your progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations. *For example*, one of our staff will enter your information into the computer.
- We may share your medical information with our business associates, such as a billing service.
- We have a written contract with each business associate that requires them to protect your privacy.
- We may use your information to contact you. *For example*, we may send you reminder cards or other usual information.
- We may also call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with a person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release your health information when required by law.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not disclose your health information as described above. We will do our best to accommodate your request.
- As we need to contact you from time to time, we will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information. Upon receiving a written request we will provide the information you wish to see.
- You have the right to request an amendment or change to your health information. Please submit your request in writing. While we are not permitted to remove or alter earlier documents, if we agree to an amendment change, we will add the new information. If you wish to include a statement in your file, please submit your request in writing. We will be happy to insert any such statement.
- You have the right to receive a copy of this notice.
- If we change any of the details of this notice, we will notify you of the changes in writing.

If you have questions or concerns, or simply wish additional information regarding your health information policy, please contact our Privacy Officer, Dr. Deborah G. Mather at (714) 951-9500. If you believe your privacy rights have been violated, you have the right to report these violations to our Privacy Officer. Rest assured we will not retaliate against you for filing a complaint.

Patient privacy is regulated by the Department of Human Services, 200 Independence Ave, S.W., Room 509F, Washington, DC 20201. Any complaints that are unresolved by our office, should be sent there.

**THIS NOTICE GOES INTO EFFECT APRIL 14, 2003**

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**I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES**

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Client name (print)

Date

Signature