

**Audrey Don, Ph.D.**  
Clinical Neuropsychologist  
1916 South Washington Street  
Tacoma, WA 98405  
Telephone: (253) 284-0906  
Fax: (253) 573-0211

Federal regulations require that health care providers such as psychologists describe for clients the circumstances in which therapy and medical information may be used and disclosed, and how you can access this information.

**Treatment:** For treatment purposes, personal health information about your child may be released to therapists, teachers, doctors, nurses, technicians, school district personnel, caseworkers and/or other individuals who are involved in the provision of your child's care.

**Payment:** For services we have rendered, we may use and disclose information to obtain payment from your health plan or any other party financially responsible for your child's care. We may also disclose information to your health plan to obtain prior approval or to determine whether your plan will cover the cost of services.

**Communication:** Your name, address, phone number and health care records may be used to contact you regarding appointment reminders, alternatives to care or other information that may be of interest to you. If you are not home to receive a call, a message may be left on your answering machine.

**Required by law:** We may use and disclose health information when required to do so by federal, state, or local law. We are required to disclose information to appropriate government authorities if we suspect a patient has been the victim of abuse, neglect or domestic violence.

**Patient Rights:** You have the following rights regarding Protected Health Information. You can exercise these rights by presenting a written request to me at my address.

- You have the right to review or obtain a copy of your child's health information. Usually this includes medical and billing information. We may charge you a reasonable cost-based fee for copying and mailing the information.
- You have the right to request an amendment to your child's health information if you believe it is incorrect or incomplete.
- You have the right to obtain an accounting of all persons to which we have disclosed information for purposes other than those listed above. This request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. A reasonable fee may be assessed for our time in accessing this information.
- You have the right to request that we communicate with you in an alternative way or at an alternative location.
- You have the right to a copy of our Privacy Practices.

**Changes to this Notice:** We reserve the right to change our privacy practices and the terms of this Notice at any time. We will make revised copies of this Notice available to you upon request.

If you have a question or complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should contact me at 253-284-0906.

This notice is effective as of April 14, 2003. This notice and any alterations or amendments made hereto will expire seven years after the date upon which the record was created. By my signature I acknowledge receipt of this Notice of Privacy Practices Statement for the child listed below.