



Dendrinos Psychology

Notice of Privacy Practices

Uses and Discloses of Health Information

We use and disclose health information about you for treatment, payment, and healthcare operations. We may use or disclose your health information to other medical providers treating you. We may also communicate with other individuals (e.g., parents, teachers, previous providers) at your request. Any release of health information requires your written consent. However, we may use or disclose your health information when we are required to do so by law. For example, we may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Patient Rights

You have the right to look at or get copies of your health information with limited exceptions. If you request copies, we will charge you a reasonable fee to locate and copy your information, and postage if you want the copies mailed to you. You also have the right to request that we amend your health information.

Questions and Complaints

If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your private rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, you may submit a written complaint to the U.S. Department of Health and Human Services through the Office of Civil Rights.

I have read and understand what is written above and have been presented with a copy of the client's bill of rights.

Patient signature (Parent/Guardian Signature)

Date

Psychologist Signature

Date