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The "Privacy Officer" for this practice is Dr. Futterman
Effective Date: 1 January 2015

Notice of Privacy Practices (NPP) – Short Version

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

My commitment to your privacy:

My practice has a duty to maintain the privacy of your personal health information. I am required also by law to do this. These laws are complicated, but I must provide you with important information. This document is a shorter version of the full, legally required NPP, which you may request at any time. If you have any questions not covered in these materials, please ask to talk with me

I will use information about your health, which I get from you or from others, mainly to provide you with **treatment**, to arrange **payment** for my services, or for some other business activities which are called, in the law, "health care **operations.**" After you have read this NPP I will ask you to sign a **Consent Form** to let me use and share your information. If you do not consent and sign this form, I cannot treat you.

If you or I want to use or disclose (send, share, release) your information for any other purposes, I will discuss this you with and ask you to sign a Release of Information form to allow this.

Of course I will keep your health care private but there are some times when the laws require us to use or share it such as:

- 1) When a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
- 2) Some lawsuits and legal or court proceedings
- 3) If a law enforcement official requires me to do so
- 4) There are some other situations like these, but which do not happen very often. They are described in the longer version of the NPP.

Your rights regarding your health information:

- 1) You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, not at work, to schedule or cancel an appointment. I will try my best to do as you ask.
- 2) You have the right to ask me to limit what I tell certain individuals involved in your care or the payment for your care, such as family members and friends. I will do my best to keep our agreement, except if it is against the law or in an emergency
- 3) You have the right to look at the health information I have about you such as your medical and billing records as well as psychotherapy notes. You can even get a copy of these records but I may charge you. Talk to me directly in person or writing and I can arrange a time for you to see or get copies of your record.
- 4) If you believe the information in your records is incorrect or incomplete, you can ask me to make some kinds of changes (called amending) to your health information. You have to make this request in writing and send it to me. You must tell the reasons you want to make the changes.
- 5) You have the right to a copy of this notice. If I change this NPP, I will make a copy of the new version available to you.
- 6) You have a right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with the Secretary of the Department of Health and Human Services. Filing a complaint will not change the health care I provide to you in any way.

If you have questions regarding this notice or my health information privacy policies, please contact me by phone (925) 640-8078 or in writing at: 780 Main Street, Suite 205, Pleasanton, California 94566.

The effective date of this notice is 1 January 2015