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## **NOTICE OF PRIVACY POLICY**

### **Commitment to your privacy:**

I am committed to maintaining the privacy of your personal health information and I am required by law to keep your information private and secure. There are complex laws regarding this privacy and this document is meant to serve as a shorter version of the full law.

I will use information about your health, which I get from you or others, daily to provide you with treatment, to arrange for payment of services, and for other business activities which are called for according to the law and health care operations.

If you or I want to send, share, or release your information for any purpose, I will discuss this with you and ask you to sign a separate Authorization Form to allow this.

There are times when the laws require me to use or share information without your consent. For example: 1) When there is a serious threat to your health or safety or the health or safety of someone else; 2) Some lawsuit and legal or court proceedings; 3) If required by a law enforcement official; 4) For Workers Compensation or other similar benefit programs. There are other situations which occur infrequently and are outlined in the full description of the law.

### **Your rights regarding your health information:**

- Please advise me how to communicate with you about your health and related issues in ways which are most private and secure for you:

I authorize Donna M. Firer, LCSW - C to: please indicate YES or NO

\_\_\_\_\_ Leave phone messages for me/my child at the following telephone numbers; Please indicate if this is mobile; office; landline at home; etc.

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\_\_\_\_\_ Send mail to my/my child to the home address.

- You have the right to look at the health information I have about you
- You have the right to file a complaint if you believe your privacy rights have not been maintained. You can file a complaint with me and with the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care and treatment I provide to you.

When you read and sign this document you are consenting for me to use information in this way. If you do not consent, unfortunately I cannot provide care for or treat you. I will do my best to refer you to other professionals who can assist.

Please speak to me directly if you have any questions regarding this material. Do not use email or texting for this purpose.

I acknowledge that I have been given an opportunity to read of copy of Donna M. Firer, LCSW - C's Notice of Privacy Practices. I understand that confidentiality is given an high priority in Donna M Firer's LCSW -C professional practice and that confidentiality will be maintained as much as possible.

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Client/Parent/Guardian

Date