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(541) 326-1454

Patient Privacy

I am committed to preserving the privacy of your personal health information. In fact, I am required by law to protect the privacy of your mental health information and to provide you with information describing how medical information about you may be used and disclosed, and how you can access this information.

1. I am required by law to have your written consent before I use or disclose to others your medical/mental health information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that I provide to you, and the related administrative activities supporting your treatment.
2. I may be required or permitted by certain laws to use and disclose your medical/mental health information for other purposes without your consent or authorization.
3. As my patient, you have important rights relating to inspecting and copying your medical/mental health information that I maintain, obtaining an accounting of my disclosures of your medical/mental health information, requesting that I communicate with you confidentially, requesting that I restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.
4. I have available a detailed Notice of Privacy Practices which fully explains your rights and my obligations under the law. I may revise this Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.
5. You have the right to receive a copy of my most current Notice in effect. If you have not yet received a copy of my current Notice, please feel free to ask and I will provide you with one.

If you have any questions or concerns you may contact me at (541) 326-1454.

Name

Date