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**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. YOUR SIGNATURE PROVIDES CONSENT FOR THESE USES AND DISCLOSURES.**

**I. Uses and Disclosures for Treatment, Payment, and Health Care Operations**

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent.

**II. Uses and Disclosures with Neither Consent nor Authorization**

- **To Avert a Serious Threat to Health or Safety** – If it is determined that you present a serious danger of violence to yourself or another, I may disclose information in order to provide protection against such danger for you or the intended victim.
- **Abuse of Child, Disabled Adult or Elder Person** – If I have reasonable cause to believe that a child, disabled adult or elder person has been abused, I must report that belief to the appropriate authority.
- **Health Oversight** – If I am the subject of an inquiry by the Texas Board of Licensed Professional Counselors, I may be required to disclose PHI regarding you in proceedings. Additionally, I may be required to disclose PHI if audited by Secretary of Health and Human Services to assess compliance with HIPAA regulations.
- **Judicial and Administrative Proceedings** – If you are involved in a judicial or administrative proceeding, I will not release information without your authorization or a court order.
- **Worker's Compensation** – I may disclose PHI regarding you as authorized to comply with laws relating to worker's compensation.

**III. Uses and Disclosures Requiring Authorization**

Uses or disclosures of PHI for other purposes above and beyond the general consent will be made only with your written authorization.

**IV. Patient's Rights and Therapist's Duties**

Patient's Rights:

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses and disclosures of PHI.
- **Right to Receive Confidential Communications by Alternative Means or at Alternative Location** – You have the right to request to receive confidential communications of PHI by alternative means or at an alternative location. Submit requests in writing and specify how or where you wish to be contacted.
- **Right to Inspect and Copy Protected Health Information** – You have the right to inspect and obtain a copy of PHI and billing records for as long as the PHI is maintained in the record. I may provide a summary or an explanation of the PHI to which access has been provided in lieu of copy of records if deemed necessary.
- **Right to Amend Protected Health Information** – If you feel that PHI about you is incorrect or incomplete, you have the right to request an amendment of PHI. Submit your request in writing and provide a statement that supports your request. I may not be able to make the changes you request, however your request and statement will be included in your file.

- **Right to an Accounting** – You have the right to receive an accounting of disclosures of your PHI that I have made in the six years prior to the date on which the accounting is requested.
- **Right to a Paper Copy of This Notice** – You have the right to obtain a paper copy of this Notice upon request.

Therapist's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I am required to abide by the terms of the privacy notice that is currently in effect.
- Please note that I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI I maintain. I will post a copy of the revised notice in my office and on my Web site ([www.houstoncounselor.net](http://www.houstoncounselor.net)) and will provide you with a copy at your first office visit following the change to the notice.

I utilize electronic systems to store some of your PHI. Should a breach in security occur, we are required to notify you within 60 days of the occurrence of the breach.

**V. Complaints**

You may file a complaint to the Department of Health and Human Services, 200 Independence Avenues, S.W., Washington, D.C 20201, calling 1-877-696-6775. You may assert your right without retaliation. Before filing a complaint, or for more information regarding your health information privacy, please contact me at 713-410-0926 or via mail at 5900 Memorial Drive Suite 216C, Houston, Texas, 77007.

**VI. Effective date of this notice**

This notice is in effect as of October 1, 2013.