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NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your health record contains personal information about you and your health. This information about you that may identify you and relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable law and the Code of Ethics of Licensed Marriage and Family Therapists. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of your PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices.

HOW I MAY USE AND DISCLOSE MENTAL HEALTH INFORMATION ABOUT YOU

For Treatment: According to law, your PHI may be used and disclosed by those who provide, coordinate or manage your mental health care treatment and related services. Since I am a solo practioner, this applies to me. Sometimes I seek consultation to provide the best care for you. In that case I will have your specific authorization and will keep your identity confidential.

For Payment: I may use and disclose PHI so that I can receive payment for the services provided to you. Examples include making determination of eligibility or coverage for insurance benefits; processing claims with your insurance company; reviewing services with managed care to determine if more services are needed, or doing required utilization review.

For Health Care Organizations: I may use or disclose, as needed your PHI in order to support my business activities including quality assessment activities, licensing, conducting or arranging for customary business activities, and making or rescheduling appointments.

Under the law, I must make disclosures of appropriate PHI to you upon your request. I must also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating my compliance with the requirements of the Privacy Rule.

I will make every effort to keep your PHI private, but there are some instances when the law requires me to use or disclose it. The following is a list of categories of uses and disclosures permitted without your authorization by HIPPA (Health Insurance Portability and Accountability Act):

Abuse or Neglect Court Order Judicial and Administrative Proceedings
Emergencies
Family Involvement in your care (with your verbal permission)
Law Enforcement
Workman's Compensation Requirements
Disability Program Requirements

Besides the treatment, payment, and health care operations noted above, any uses or disclosures not permitted by law will be made only with your written authorization which you may revoke in writing at any time.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you. To exercise any of these rights please submit your request in writing to me at my office.

Right of Access to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. One exception to this is my session notes; these notes are confidential and for my personal use only. Your right to inspect and copy accessible PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you.

Right to Amend. If you feel the PHI I have about you is incorrect you may ask me to amend the information, although I am not required to agree to the amendment.

Right to an Accounting of Disclosures. You have the right to request and accounting of certain of the disclosures that I make of your Phi. I may charge you a reasonable fee if you request more than one accounting in any 12 month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. I am not required to agree to your request however.

Right to Request Confidential Communication. You have the right to request that I communicate with you about treatment matters in a certain way or at a certain location. This means that you may give an address of your choosing to which to send bills or other communication, and that you may limit phone or email communication to retain your privacy.

Right to a Copy of this Notice. You have a right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing with me at my office, or with the Secretary of Health and Human Services at 2300 Independence Avenue, SW Washington, D.C., or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.