



Deidra-Ann Leiba

Licensed Professional Counselor, License #75305

Notice of Privacy Practices

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you contact Deidra-Ann Leiba, LPC, a hospital, clinic or any other “healthcare provider” information is collected about you and your mental or physical health. The information collected is called, according to the law, Protected Health Information (PHI). This information is maintained in files and stored in my office.

I am required by federal law to inform you of the Health Insurance Portability Accountability Act of 1996 (HIPAA) and how it relates to PHI. HIPAA requires me to keep your PHI private and to give you this notice of my legal duties and my privacy practices which is called the Notice of Privacy Practices. This information describes how PHI may be used and disclosed.

YOUR PHI COULD INCLUDE:

- Reasons you came for services, complaints, needs, strengths.
- Personal information including your address, phone numbers and work place.
- A treatment plan for resolving the issues that brought you to me.
- Progress notes which record the progress you are making towards a resolution.
- Information concerning current and past prescribed medications.
- History of previous interventions.
- Records I may receive from others including psychological and psychiatric evaluations, school records such as grades,

attendance, ARD information and diagnostic records.

YOUR PHI COULD BE USED FOR:

- To help design a treatment plan.
- To create a strategy for problem resolution.
- To provide information to others (with or without your authorization).

USES AND DISCLOSURES OF HEALTH INFORMATION WITH AUTHORIZATION

- **BUSINESS ASSOCIATES / REFERRAL-** With a signed Authorization from you I may call referrals or business associates on your behalf such as psychiatrists, school counselors, and other community agencies.
- Any other uses or disclosures of your PHI not addressed in this Notice or Privacy Practices or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT AUTHORIZATION

When you request services from me certain uses and disclosures of your PHI are necessary and permitted by law in order to best serve you, and to process payment. The following describe the ways I may use or discloses your PHI.

- **IMPLEMENT SERVICES/TREATMENT-** I will use the information which I get from you or from others mainly to provide
you with the best possible services, treatment and interventions.
- **PAYMENT-** To arrange payment for my services.

_____ **Initials**

- **HEALTH CARE OPERATIONS-** I may use or disclose your PHI for what it is known as health care operations, some
examples would be:

- Appointment reminders – I may call or send you a letter to reschedule or remind you of appointments and services.
- Referrals - I may refer you to other professionals or organizations for services that may be of interest to you.
- Insurance companies may request information.
- **OTHER CARE OPERATIONS-** In some situations, I may use and disclose some of your PHI without your consent or authorization, below are some of those situations:

- Texas Penal Code 261.101 requires that if I suspect, believe or have knowledge of abuse or neglect of a child/adult

I must notify the authorities within 48 hours.

- If I suspect, believe or have knowledge of you harming yourself or others I will notify the appropriate authorities and

persons who have been threatened.

- If I am served a subpoena or a court order I am required by law to release the requested information.

- Federal regulations allow disclosure of substance dependency to the parents of a minor when the following

conditions are met:

- o An adolescent has applied for services.

- o I believe that the adolescent, because of an extreme substance use disorder or a medical condition, does not have the capacity to decide rationally whether to consent to the notification of his/her guardians.

- o I believe the disclosure is necessary to cope with a substantial threat to the life or well-being of the adolescent or someone else.

YOUR HEALTH INFORMATION RIGHTS

Although your PHI is the property of Deidra-Ann Leiba, you have certain rights to the information and they include:

- Privacy Complaints- You have the right to file a complaint if you believe your privacy rights have been violated. All complaints must be in writing. Filing a complaint will not change the services I provide to you in any way. This complaint may be addressed to the federal Secretary of the Department of Health and Human Services, or the Texas Licensing Board of Professional Examiners. There will be no retaliation for registering a complaint.

- Privacy Contact- You can ask me to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask me to call you at home, and not at work to schedule or cancel an appointment. I will try my best to do as you request.

- You have the right to ask me to limit what I tell people involved in your care or the payment for your care, such as family members and friends. While I don't have to agree to your request, if I do agree, I will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.

- You have the right to look at the health information and billing records I have about you. You may request a copy of your PHI but I may charge you (please see below **LIMITATIONS TO YOUR HEALTH INFORMATION RIGHTS** for further clarification).
- If you believe the information in your records is incorrect or missing important information, 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 the address above. You must tell me the reasons you want to make the changes.
- You have the right to a copy of this notice.

LIMITATIONS TO YOUR HEALTH INFORMATION RIGHTS

- I reserve the right to deny PHI if access to such information is deemed by me that such disclosure of PHI would cause a threat and/or harm to you or your child.
- Per federal law 42 U.S.C. 290dd-2 as well as 42 Code of Federal Regulations (C.F.R.) Part 2, I must receive a court order or signed Authorization to Disclose or Use PHI from the adolescent before I release information relating to substance abuse or HIV about the adolescent. I must receive a court order or signed Authorization to Disclose or Use PHI from the adult before I release information relating to substance abuse or HIV about the adult. (Please refer to OTHER CARE OPERATIONS above for further clarification).

_____ **Initials**