

# Leslie Brown, PLLC

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12 W. 100 N. Suite 202E  
American Fork, Utah 84003

## NOTICE OF PRIVACY PRACTICES

This notice describes how mental health information about you may be used and disclosed and how you can get access to this information.

NAME \_\_\_\_\_

Please review it carefully

### **Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. If you have any questions or want to know more about anything in this notice, you may talk directly to your therapist.

### **What we mean by your Protected Health Information (PHI):**

Each time you visit us or any health care provider, information is collected about you regarding your physical and mental health. It may be information about your past, present or future health conditions or the tests and treatment you got from us or from others, or about payment for health care. The information we collect from you is called the "PHI" which stands for "protected health information". This information goes into your medical records in our office.

### **How we use and disclose your protected health information with your consent:**

We will use the information we collect about you to provide treatment to you, to bill for services and to conduct health care operations.

**Treatment** is when we provide, or coordinate/consult with other health care professionals who are also treating you, such as your family physician or another mental health professional. (when we consult with another professional we will obtain a signed release of information from you)

**Payment** is when we obtain payment from you, your insurance company or other third party. We may disclose your PHI to your health insurer to obtain prior approval for treatment, reimbursement for your health care and to verify eligibility for coverage.

**Health Care Operations** are activities that are related to the performance and operation of this practice. This includes: conducting required business duties, audits and administrative services.

### **Disclosing your health information without your consent:**

There are some situations when the law requires us to share your information without your signed authorization.

These situations are:

I. When there is a serious threat to your or another's health and safety or to the public. We will share only information with persons who are able to help prevent or reduce the threat.

2. When we are required to do so by lawsuits and other legal court proceedings and when otherwise required by law.
3. For workers' compensation and similar benefit programs.
4. To respond to inquiries or investigations by the Utah Division of Occupational and Professional Licensing in the event a complaint is filed against a therapist in this practice.

**Mental Health Professionals Privacy Duties:**

We are required by law to:

1. maintain the privacy of your protected health information (PHI)
2. provide this Notice that describes the ways we may use and share your PHI
3. follow the terms of the Notice currently in effect

**Client's Rights:**

You have the right to:

1. Request restrictions on certain uses and disclosures of your PHI about you. However, we are not required to agree to a restriction you request.
2. Request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may request that your statements be sent to an alternative address.
3. Inspect and/or receive a copy of your PHI. Under certain circumstances, we may deny your access to a portion of your PHI and you may request a review of the denial.
4. You have the right to a copy of this notice.
5. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide you in any way.

<b>Other uses</b>	That are not described in this notice require your signed authorization:
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If you have questions or problems:

If you need more information or have questions about the privacy practices described above, please speak to your therapist whose name and contact information you have been given. If you have a problem with how your PHI has been handled, or if you believe your privacy has been violated, as stated above, you have the right to file a complaint with us and with the Secretary of the U.S. Department of Health and Human Services. We will not in any way limit your care here or take any actions against you if you complain.

The effective date of this notice is November 1, 2017

I acknowledge I have read the privacy practices of this agency

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date