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*NOTICE OF INFORMATION PRACTICES*

This notice describes how your information may be used or disclosed, in accordance with state and federal law, and how you can access that information. Dr. Klenck is required by law to protect the privacy of your personal health information, provide this notice about her information practices, and follow the information practices that are described therein.

*USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION*

Dr. Klenck uses your personal health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and evaluating the quality of care that she provides. For example, Dr. Klenck may use your personal health information to contact you to provide appointment reminders or information about treatment alternatives or other health related benefits that could be of interest to you. Dr. Klenck may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, and for emergencies. She also provides information when required to do so by law. In any other situation, the policy of Dr. Klenck is to obtain your written authorization before disclosing your personal health information. If you provide her with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. Dr. Klenck may change her policy at any time. When changes are made, a new Notice of Information Practices will be provided to you. You may also request a copy of her Notice of Information Practices at any time.

*PATIENT'S INDIVIDUAL RIGHTS*

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that Dr. Klenck corrects any inaccurate or incomplete information in her records. You have the right to request a list of instances where she has disclosed your personal health information for reasons other than treatment, payment, or other related administrative purposes. You may also request, in writing, that she not use or disclose your personal health information for treatment, payment, and administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. Dr. Klenck will consider all such requests on a case-by-case basis, but she is not legally required to accept them.

*TELEPSYCHOLOGY SERVICES*

Telepsychology services may be available in extenuating circumstances. If deemed necessary:

1. Dr. Klenck must verify your identity online by having previously met you in a face to face evaluation.
2. All auditory or auditory-visual services involved with the telepsychology session are protected by online encryption to prevent access to your data by unauthorized persons.

*CONCERNS AND COMPLAINTS*

If you are concerned that Dr. Klenck may have violated your privacy rights or if you disagree with any decisions she has made regarding access to or disclosure of your personal health information, please contact her office at the address above. You also have the right to send a written complaint to the Louisiana State Board of Examiners of Psychologists.

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Client/Responsible Party's Signature

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Date