Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

Uses and Disclosure Requiring Authorization

Our office may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization form from you before releasing that information. We will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes that are made about your conversations during a private, group, joint, or family counseling session with your therapist. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization, or (2) if the authorization obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosure of Neither Consent or Authorization

Our offices may disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: if our office has reasonable cause to suspect that a child, under the age of 18, has been abused or neglected, law requires us to report that information to the state's attorney, the Department of Social Services, or law enforcement personnel.
- Health Oversight: If the South Dakota Board of Examiners for Counselors and Marriage & Family Therapists is conducting an investigation, then we are required to disclose your mental health records upon receipt of a subpoena from the Board.
- Judicial or Administrative Proceedings: If you are involved with a court proceeding and a request is made for information about your diagnoses and treatment and the records thereof, such information is privileged under state law, and we may not release information without your written authorization or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance, if this is the case.
- Serious Threat to Health or Safety: When we judge that a disclosure of confidential information is necessary to protect against the clear and substantial risk of imminent harm being inflicted by you on yourself or another person, our office may disclose such information to those persons who would address such a problem (for example, the police or a potential victim).
- Workers Compensation: If you file a worker's compensation claim, our office is required by law to provide your mental health records relevant to the particular injury, upon demand, to you, your employer, and the insurer, and the Department of Labor.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of the changes, however, we are required to abide by the terms currently in effect.
- If we revise our policies and procedures, we will give you a copy of updated policies and procedures upon your next visit to our office.

Questions and Complaints:

If you need more information about our privacy practices or if you are concerned that our office has violated your privacy rights, or you disagree with a decision our office has made about access to your records, or in response to a request you made to amend or restrict the use of your health information, please contact: **Leah Weins MFT LLC, located at 3220 W 57th St. Suite 111 Sioux Falls, SD 57108. Email:leah@leahweins.com.** You may also send a written complaint to the Secretary of the US Department of Health of Human Services. This notice will go into effect on August 1, 2026.