

**Angel Landrum M. A., LPC-S, LCDC**  
**3839 Bee Caves Rd Suite 202**  
**Austin, TX 78746**  
**512-791-3811**  
**Notice of Privacy Practices**

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

HIPPA, The Health Insurance Portability and Accountability Act, was enacted by Congress to protect your personal health information. It is a set of regulations about how healthcare information is stored, shared, and how disclosures are made. It is intended to protect your private medical information. The State of Texas has enacted additional regulations in House Bill 300. This office will comply with all ethical and legal guidelines that pertain to mental health counseling.

Our communication is privileged and I will maintain confidentiality with the following exceptions:

1. You sign a Release of Information form authorizing me to share specified information.
2. There is a Court order to disclose you information (rare occurrence).
3. You are threatening physical harm to yourself or to others.
4. If you tell me of neglect, physical or sexual abuse of a child, disabled or elderly person. I am required to report such to the Texas Protection Services.
5. If you tell me of misconduct of a therapist or minister. I am required to report it to the proper board.
6. To insurance companies, if you are asking for reimbursement for your services, as needed.

If you have any questions or concerns, please share them with me.

**Receipt and Acknowledgment of Notice**

I hereby acknowledge that I have received and have been given an opportunity to read a copy of these offices Notice of Privacy Practices.

I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Angel Landrum at the above address.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian, Rep Date