

# Dr. Barry Leonard and Associates

14425 Chase Street  
Panorama City, CA 91402  
818-891-6711    www.drbleonard.com

## NOTICE OF PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully as the privacy of your health information is important to us.

We have always strived to keep your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice. The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care. We may use or disclose your health information for our normal healthcare operations, such as our staff entering your information into our computer or sharing your medical information with business associates, such as a billing service, again under contract to protect your privacy.

We may use your privacy information to contact you. We may want to call and remind you about your appointments. If you are not at home, we may leave this information on your answering machine or with the person who answers the phone. We may send newsletters and other information to you via the mail. In an emergency, we may disclose your health information to a family member or another person responsible for your care. We may release some or all of your health information when required by law.

If this practice is sold, your information will become the property of the new owner. Except as described above, this practice will not use or disclose your health information without your prior written authorization. You may request in writing that we not use or disclose your health information as described. We will let you know if we can fulfill your request. You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.

As we will need to contact you periodically, we will use whatever address or telephone number you prefer. You have the right to transfer copies of your health information to another practice. We will mail your files for you. You have the right to see and receive a copy of your health information, with few exceptions. Give us a written request regarding the information you want to see. If you also want a copy of your records, we may charge you a reasonable fee for the copies.

You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.

You have the right to receive a copy of this notice. If we change any of the details of this notice, we will notify you of the changes in writing. You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated against for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our privacy officer, Karla Rizo, at 818-891-6711. This notice goes into effect as of April 14, 2003.

---

### ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Dr. Barry Leonard and Associates "Notice of Privacy Practices".

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_