



Leah McNulty, LCSW

leah@leahmcnulty.com / www.leahmcnulty.com / (832) 963-0541

Please read this document in full prior to signing as we will review it in your initial session.

SUMMARY OF CLIENT RIGHTS:

- You have the right to request the method I use to communicate with you about your health and related issues. For example, you can request me to call you at home rather than work to schedule or cancel an appointment. I will try my best to accommodate your needs.
- You have the right to utilize HIPAA-compliant methods of communication with me through the Client Portal or to accept the listed risks to unprotected electronic communication and use texting (in case of appointment changing) or email (leah@leahmcnulty.com).
- You have the right to ask me to limit what I tell people involved in your care, or with payment for your care, such as family members and friends. You are in charge of your personal information and have the right to choose to complete a “Consent for Communication” form should there be any disclosure that requires your authorization.
- You have the right to look at the health information I have about you, such as billing and records. You may obtain a copy of these records.
- You have the right to ask me to make additions or corrections to my records if you feel that the information within my records is incorrect or incomplete. You must make this request in writing and provide me with a list of reasons supporting any requested amendment to the records.
- You have the right to schedule and participate in sessions as you desire and to discontinue services at any time. You are in charge of your therapeutic experience. You will be encouraged to attend sessions often and consistently to maximize your growth. You may also be encouraged to complete homework assignments related to your therapeutic goals. You

have the right to follow recommendations or to decline. If requested, I will provide you with a list of other qualified therapists should you choose to discontinue services.

- You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint 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 I provide to you in any way. Any violation of a Licensed Clinical Social Worker should be reported to the Texas State Board of Social Worker Examiners (TSBSWE) located in Austin, Texas (1800-232-3162). My license information is: Leah McNulty, Licensed Clinical Social Worker (LCSW), TX#64355.
- You have the right to receive a copy of the Notice of Practice and Privacy Policies and your Client Rights. If I modify these notices, I will post updated versions in the waiting area, and you may always download copies in your Client Portal or on my website, leahmcnulty.com.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents.
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Parent/Guardian
(if client is a minor)

Signature of Client

Date

Printed Name of Clinician

Signature of Clinician

Date