Tenazcity Psychological Services
Leslie Westfield Baxter, Ph.D
Licensed Psychologist

NOTICE OF PRIVACY PRACTICES

Effective Date: 06/23/2026

This Notice describes how your protected health information (PHI) may be used and disclosed, and how you can access this information. Please review it carefully.

YOUR RIGHTS

You have the right to: • Access your medical record as permitted by law • Request corrections to your record • Request confidential communications • Request restrictions on certain uses or disclosures • Receive an accounting of disclosures • Obtain a paper or electronic copy of this Notice • File a complaint without fear of retaliation

YOUR CHOICES

You may choose how your information is used or shared in the following situations: • Sharing information with family or others involved in your care • Allowing your provider to contact you for appointment reminders • Allowing your provider to share information for care coordination You may revoke permissions at any time in writing.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

Your PHI may be used or disclosed for the following purposes:
Treatment: To provide, coordinate, or manage your care, including consultations with other providers. Payment: To bill and collect payment for services, including insurance claims and authorizations. Healthcare Operations: For administrative, quality improvement, training, auditing, or compliance activities.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES

Your PHI may be disclosed without your authorization when required or permitted by law, including: • Suspected abuse or neglect of a child, elder, or dependent adult • Serious threats to health or safety • Court orders, subpoenas, or legal mandates • Public health reporting • Health oversight activities • Law enforcement purposes as required by law • Coroner or medical examiner requests • Specialized government functions as applicable

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Your written authorization is required for: • Most uses of psychotherapy notes • Marketing communications • Sale of PHI • Any other use not described in this Notice. You may revoke authorization at any time in writing.

PROVIDER RESPONSIBILITIES

This practice is required to: • Maintain the privacy and security of your PHI • Provide you with this Notice • Notify you if a breach occurs that may have compromised your information • Follow the terms of this Notice

MULTISTATE COMPLIANCE

This practice complies with HIPAA and with state specific privacy laws in California, Nevada, and Arizona. State laws may provide additional protections for mental health information, and those protections will be followed.

COMPLAINTS If you believe your privacy rights have been violated, you may file a complaint with: • This practice • The U.S. Department of Health and Human Services • Your state licensing board (see Complaint Filing Instructions form). You will not be penalized for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

By signing below, you acknowledge that you have received and reviewed this Notice of Privacy Practices.

Patient Name: _____

Signature: _____Date: _____

Provider: Leslie Westfield Baxter, Ph.D. License: CA PSY34216 • NV PY0234 • AZ 001727

Signature: _____ Date: _____