

# Shannon Healy M.A., LMHC

Licensed Mental Health Counselor MH 10647

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## "Notice of Privacy Practices"

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU IS PROTECTED AND MAY BE USED, DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Confidentiality

**It is my legal duty to safeguard your Protected Health Information (PHI).** Confidentiality and privacy are cornerstones of the mental health profession. As a client, you have an expectation that communication with me as well as documentation of your treatment generally be kept confidential. As a rule, I will not disclose information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record describes the services provided to you and contains the dates of our sessions, a diagnosis if applicable, functional status, symptoms, prognosis and progress, and any assessment tools administered or obtained. Health care providers are legally allowed to use or disclose records or information for **treatment, payment, and health care operations purposes**. My office policies and procedures, as well as the ethical standards of the American Counseling Association (the professional association that guides my practice) are intended to shape my practice so that privacy and confidentiality are maintained, consistent with Florida law and the federal "Privacy Rule". However, I do not routinely disclose information in such circumstances, so I will require your permission in advance through your written authorization at the time the need for disclosure arises. You may revoke your permission in writing at any time.

### II. "Limits of Confidentiality"

#### **Possible Uses and Disclosures of Mental Health Records without Consent or Authorization**

There are some important exceptions to this rule of confidentiality - some of which are required by law. If you wish to receive mental health services from me, I require that you sign the attached form indicating that you understand and accept my policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

I may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

**Emergency:** If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you. ·

**Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by Florida law to report the matter immediately to the Abuse Hotline at 1-800-96-ABUSE. ·

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**Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by Florida law to immediately make a report and provide relevant information to the Abuse Hotline at 1-800-96-ABUSE.

**Court Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you. If there is a criminal or civil case being pursued or considered, I ask that you advise me as this makes records more subject to being requested and may have an effect on your response to therapeutic services provided.

**Serious Threat to Health or Safety to Self:** Under Florida law, if I am engaged in my professional duties and you indicate an intent and verbalize means to bring significant harm or death to yourself, I may be required to take protective actions to ensure your safety. These steps may include arranging for your involuntary or voluntary hospitalization, notifying family or support system, alerting law enforcement or contacting emergency personnel.

**Serious Threat to Health or Safety to Others:** Under Florida law, if I am engaged in my professional duties and you communicate to me a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to inform the third, or threatened party. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization.

**Workers Compensation:** If you file a worker's compensation claim, I am required by law, upon request, to submit your relevant mental health information to you, your employer, the insurer, or a certified rehabilitation provider.

**Records of Minors:** Florida law limits the confidentiality of the records of minors. For example, parents may not be denied access to their child's records. Other circumstances may also apply, and we will discuss these in detail if I provide services to minors. Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

### III. Client's Rights and Provider's Duties:

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information I disclose about you to someone who is involved in your care or the payment for your care. If you ask me to disclose information to another party, you may request that I limit the information I disclose. However, I am not required to agree to a restriction you request but will do my best to disclose the minimum necessary information. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

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**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address. You may also request that I contact you only at work, or that I do not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

**Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice).

**Right to Inspect and Copy:** In most cases, you have the right to inspect and copy your PHI by making a specific request to do so in writing. Because these are professional records, an untrained reader can misinterpret them. For this reason I require that you initially review them with me or have them forwarded to another mental health professional so you can discuss the contents. I may deny your request to inspect and copy in some circumstances. One reason for denial is if I believe that releasing such information would likely cause substantial harm to you. I may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

**Right to Amend:** You have the right to amend protected health information in records by making a request to do so in writing that provides a reason to support the requested amendment. This right to amend is not absolute – in other words, I am permitted to deny the requested amendment for specific reasons. You have the right, subject to limitations, to provide me with a written addendum with respect to any item or statement in your records that you believe to be incorrect or incomplete and to have the addendum become a part of your record.

**Right to a Copy of This Notice:** You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: I reserve the right to change my policies and/or to change this notice, and to make the change notice effective for medical information I already have about you as well as any information I receive in the future. The notice will contain the effective date and a new copy will be given to you. I will have copies of the current notice available on request.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint. To do this, you may submit your request in writing to my office. You may also send a written complaint to the U.S. Department of Health and Human Services or visit their website at [www.hhs.gov](http://www.hhs.gov). If you file a complaint about my privacy practices, I will take no retaliatory action against you.

NOTICE EFFECTIVE DATE: 4/6/14