

## Privacy Practices

“Notice of Privacy Practices”

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED. PLEASE REVIEW IT CAREFULLY.

### I. Confidentiality

Your privacy is important to me. As a rule, I will disclose no information about you or the nature of our relationship without your written consent. It is impossible to protect the confidentiality of information that is transmitted electronically. This is particularly true of e-mail and information stored on computers. Case notations will be maintained in strict confidence unless otherwise outlined below.

### II. Limits of Confidentiality

There are some important exceptions to this rule of confidentiality as required by law. If you wish to receive services from me, you must sign the attached form indicating that you understand and accept my policies about confidentiality and its limits.

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 law to report the matter immediately to Social Services or other appropriate Authorities.
- **Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a report and provide relevant information to the appropriate Authorities, including The Department of Welfare or Social Services.
- **Serious Threat to Health or Safety:** 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 protect third parties. 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. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety.

These situations are unusual in coaching situations, and if it does arise, I will make every effort to notify you prior to taking the protective action. If a client files a complaint or lawsuit, the records will be shared openly.

I wish to receive Life Coaching services from Sandy Henry, MLC.

I understand that these consultations do not constitute clinical supervision and that I remain completely responsible – ethically and legally – for the decisions I make in my own situations. Sandy Henry, MLC, will provide me with an opportunity to discuss issues about which she may have some expertise, and she may help me consider options for responding, but the comments made for my consideration are not supervisory mandates.

I also understand that although we may sometimes need to discuss personal issues, these consultation services do not constitute psychotherapy.

I understand the potential limits of the confidentiality of this relationship. I understand that if I provide identifiable information about a situation regarding which my consultant has an ethical or legal obligation to report confidential information, she will inform me at the time and may give me the opportunity to make the report myself.

I understand that if Sandy Henry, MLC, becomes aware that she knows or has a prior relationship with an associate, or if she believes she has a potential conflict of interest in her relationship with me, she will notify me of that fact immediately and will cooperate in helping me find a different consultant.

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

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(Name of Client — please print)

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(Signature)

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(Date)