

Marine Green, LCSW  
Roseville Executive Suites  
1100 Melody Lane  
Roseville, CA 95678  
916.872.5540

## **“Notice of Privacy Practices”**

**THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

### **I. Confidentiality**

As a rule, I will disclose no information about you, or the fact that you are my client, without your written consent. My formal Mental Health Record generally describes the services provided to you and contains the dates of our sessions, your diagnosis as applicable, functional status, symptoms, prognosis, and progress. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes; however, I do not routinely disclose information in such circumstances, so I will require your permission in advance, either through your consent at the onset of our relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

### **II. “Limits of Confidentiality”**

#### **Electronic communication**

Most common limitation to confidentiality is electronic communication. Please be advised that there are risks associated with email, phone, and text messaging communication. Despite my efforts to protect your confidentiality with passwords and locks, I encourage you not to include any private information in your electronic communications with me to increase your privacy and confidentiality.

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

There are some important exceptions to the rule of confidentiality required by law. 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.

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**Child Abuse Reporting:** If I have reason to suspect that a child is abused or neglected, I am required by California law to report the matter immediately to the California Department of Social Services.

**Adult Abuse Reporting:** If I have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by California law to immediately make a report and provide relevant information to the California Department of Welfare.

**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, such information is privileged under state law, and 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 so you can file a motion to quash (block) the subpoena if you wish to.

**Serious Threat to Health or Safety:** Under California 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 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.

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.

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of “Notice of Privacy Practices” that reflect the policies of Marine Green, LCSW.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

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Signature

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Date

Signature

Date