Notice of Privacy Practices

DAYLILY COUNSELING LLC
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NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE OF THIS NOTICE: September 10, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. MY PLEDGE REGARDING HEALTH INFORMATION

I understand that health information about you and your health care is personal. I am committed to protecting health information about you. I create a record of the care and services you receive from me to provide quality care and comply with legal requirements. This notice applies to all records generated by Daylily Counseling LLC. It describes how I may use and disclose your health information, your rights regarding that information, and my legal obligations.

I am required by law to:

- Ensure that protected health information ("PHI") identifying you is kept private.
- Provide you with this notice of my legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Provide adequate notice of your rights if I maintain records protected under 42 C.F.R. Part 2.

I reserve the right to change the terms of this Notice. Revised notices will apply to all PHI maintained and will be available upon request, in office, and via the client portal.

II. HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways I may use and disclose your health information:

- **Treatment, Payment, or Health Care Operations:** Federal privacy rules allow healthcare providers to use or disclose PHI without written authorization to carry out routine treatment, payment, or healthcare operations (e.g., peer consultation regarding clinical care).
- **Clinical Supervision:** As a Registered Mental Health Counselor Intern in the State of Florida, my clinical practice is supervised by Jessica B. Gibson, LMHC, QS. Your clinical records, progress notes, and treatment plans may be shared with my supervisor strictly for clinical oversight and quality assurance.
- **Substance Use Disorder Protections (42 C.F.R. Part 2):** If your records are protected under 42 C.F.R. Part 2, disclosures permitted by HIPAA are limited by stricter federal standards. Information disclosed under these rules may be redisclosed only in compliance with federal law.
- **Lawsuits and Legal Disputes:** If you are involved in a lawsuit or dispute, PHI may be disclosed pursuant to a valid court order or administrative subpoena, provided reasonable efforts were made to notify you or secure a protective order. Records protected under 42 C.F.R. Part 2 will not be disclosed in civil or criminal proceedings without specific written consent or a qualifying court order.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION

- **Psychotherapy Notes:** Use or disclosure of psychotherapy notes (as defined in 45 CFR § 164.501) requires express written authorization, except for use in treatment, defense against legal proceedings, supervision/training, or health oversight mandates.
- **Substance Use Disorder (SUD) Counseling Notes:** Release of SUD counseling notes requires a separate, written authorization that cannot be combined with other consents. You may revoke authorization at any time.
- **Marketing & Sale of PHI:** I will never sell your PHI or use your PHI for marketing purposes.

IV. CERTAIN USES AND DISCLOSURES DO NOT REQUIRE YOUR AUTHORIZATION

Subject to legal limitations, I may disclose PHI without your authorization for:

- **Florida Mandatory Abuse Reporting:** Under Florida law, I am required to report suspected abuse, abandonment, neglect, or exploitation of a child under 18, an elderly adult (60 or older), or a vulnerable adult directly to the Florida Department of Children and Families (Abuse Hotline).
- **Public Safety:** Preventing or reducing a serious, imminent threat to health or safety.
- **Florida Department of Health Oversight:** PHI may be disclosed if subpoenaed by the Florida Department of Health or the Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling pursuant to an official regulatory or disciplinary investigation.
- **Judicial Proceedings & Law Enforcement:** Responding to a legitimate court order or reporting violent crimes occurring on practice premises.
- **Appointment Reminders:** Contacting you via portal, email, or phone to remind you of scheduled sessions.

V. CERTAIN USES AND DISCLOSURES REQUIRE OPPORTUNITY TO OBJECT

- **Disclosures to Family/Friends:** Relevant PHI may be shared with a family member, guardian, or emergency contact involved in your care or emergency safety plan unless you object.

VI. YOUR RIGHTS REGARDING YOUR PHI

- **Request Limits on Uses/Disclosures:** You have the right to request restrictions on how PHI is used for treatment or operations. I am not required to agree if it impacts clinical care or safety.
- **Restrictions for Out-of-Pocket Payment:** Because Daylily Counseling LLC is a self-pay practice and does not bill health insurance, your PHI is maintained confidentially within this practice and is not disclosed to health insurance plans.
- **Choose Confidential Communications:** You have the right to request communication via specific channels (e.g., secure portal, specific phone number) or alternative addresses.
- **Inspect and Receive Copies:** Other than psychotherapy notes, you have the right to inspect or receive an electronic or paper copy of your clinical record within 30 days of a written request. As permitted by Florida law and HIPAA guidelines, a reasonable, cost-based fee may be charged for compiling paper or media copies.
- **Minor Client Records Under Florida Law:** If the client is a minor, parents or legal guardians generally have legal access to the minor's clinical record under Florida law, except where limited by court order, joint custody agreements, or specific statutory exceptions governing minor mental health care.
- **Accounting of Disclosures:** You may request a list of instances where PHI was disclosed for reasons other than routine treatment or operations in the past six years.
- **Request Corrections:** If you believe clinical information in your file is inaccurate or incomplete, you may request a written amendment.
- **Receive Paper Copy:** You have the right to request a paper copy of this Notice at any time.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.