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## LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

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### COVID-19 Treatment Disclaimer

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with clients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the way they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

As a covered health care provider that will continue providing services via audio or video communication technology to provide telehealth to clients during the COVID-19 nationwide public health emergency, we will be utilizing public facing remote communication products that are available to communicate with clients. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

Under this Notice, covered health care providers may use popular applications that allow for video chats that are not open-sourced applications including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, Skype, GoToMeeting and Doxy.me, Google G Suite Hangouts Meet or GoToMeeting; to provide telehealth without risk that OCR (Office of Civil Rights) might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

With this notice, the provider is notifying clients that these third-party applications potentially introduce privacy risks, and the provider shall not be responsible for any breach of confidentiality that occurs while utilizing such technology systems during the telehealth session.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

**Client Signature (Client's Parent/Guardian if under 18)** \_\_\_\_\_

**Today's Date** \_\_\_\_\_