

Notice of Privacy Practice

Clouse Counseling, LLC

Noelle W. Clouse, LMHC

Email: noellewclouse@wildflowerscounseling.net

This notice describes how medical information about you/your child may be used and disclosed along with how you can access this information.

Uses and Disclosures

Your/Your child's health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating health, diagnosing medical conditions and providing treatment.

Payment

Your/Your child's health information may be used to seek payment from your health plan and another source of coverage, such as, HSA or credit cards used to pay for services. If you do not want diagnostic or service dates released, you may choose to pay cash for services. You may also pay cash for rendered services and submit a bill to your insurance company, in order to seek reimbursement on your own. Your insurance company's agreement to cover all or part of treatment costs is governed by a contract between you and the insurance company. You are responsible for all fees whether or not you have insurance.

Health Care Operations

Your/Your child's health information may be used as necessary to support the day to day activities and management of Clouse Counseling, LLC. For example, information on the services that you or your child received may be used to support financial reporting.

Law Enforcement

Your/your child's health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law enforcement investigation, and to comply with government mandated reporting.

Public Health Reporting

Your/your child's health information may be disclosed to public health agencies, as required by law. For example, the state's public health department requires the reporting of certain communicable diseases.

Other Uses and Disclosures Require Your Authorization

Disclosure of your/your child's health information or its use for any purpose other than those listed above requires your written consent. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred prior to the date that you notified the therapist of your decisions to revoke consent.

Additional Uses of Information

Your/your child's health information will be used in order to contact you about appointment reminders.

Information about Treatment

Your/your child's health information may be used to send you information about treatment and management of medical conditions. Your therapist may also send you information describing other health related products and services that may be of interest to you.

Individual Rights

You and your child have certain rights under the Federal Privacy Standards. These include:
The right to request restrictions on the use of disclosure of your/your child's protected health information.

The right to receive confidential information communications concerning your/your child's medical condition or treatment.

The right to inspect and copy your/your child's protected health information.

The right to amend or submit corrections to your/your child's protected health information.

The right to receive an accounting of how and to whom your/your child's protected health information has been disclosed.

The right to receive a printed copy of this notice.

Clouse Counseling, LLC Duties

Your/your child's therapist is required by law to maintain the privacy of your/your child's protected health information and to provide you with this notice of privacy practices. He/she is also required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, Clouse Counseling, LLC staff reserves the right to amend or modify its privacy policies and practices. These changes in our policies and practices may be required by Federal and State laws/regulations. To inspect or copy protected health information, the request must be submitted in writing to the office manager at Clouse Counseling, LLC. Your request will be reviewed and generally approved unless there are legal, medical reasons to deny the request.

Contact Information

If you would like to submit a request for additional information, make a comment or file a complaint about our privacy practices, you can do so by sending a letter outlining your purpose to:

Noelle Clouse, LMHC

11 Municipal Drive, Ste. 200 Fishers, IN 46038

noellewclouse@wildflowerscounseling.net

This notice is effective on or after January 1, 2018.