

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU: MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your mental health, diagnosing conditions, and providing treatment. For example, results of any tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment: Your health information may be used to seek payment from your health plan, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care operations: Your health information may be used as necessary to support the day-to-day activities and management of Healing Streams Psychotherapy and Counseling, LLC. For example, information on the services you receive may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law Enforcement: Your health information may be disclosed to law enforcement agencies to government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other disclosures requiring authorization: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision revokes your authorization.

Additional Uses of Information

Appointment reminders: Your health information will be used Healing Streams Psychotherapy and Counseling, LLC. and Andrea Ford to send you appointment reminders.

Information about treatments: Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Your Individual Rights

You have certain rights under the federal privacy standards.

These include:

- the right to request restrictions on the use and disclosure of your protected health information
- the right to receive communications concerning your condition and treatment
- the right to inspect and copy your protected health information
- the right to amend or submit corrections to *your* protected health information
- the right to receive account of knows and to whom your protected health information has been disclosed
- the right to receive a printed copy of this notice

Healing Streams Psychotherapy and Counseling, LLC. Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by (the privacy policies and practices that are outlined in this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices.

These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice. The revised policies and practices will be applied to protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally to inspect request copies of the protected health information that we maintain. As permitted b), federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to yow: records by contacting the Andrea Ford, your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Andrea Ford
Healing Streams Psychotherapy and Counseling, LLC
429 E. Vermont Street Suite 208
Indianapolis, IN 46202

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person:

The office you may contact for further information concerning our privacy practices is:

Andrea Ford
Healing Streams Psychotherapy and Counseling, LLC
429 E. Vermont Street Suite 208
Indianapolis, IN 46202

This Notice is effective on or after May 30, 2015

Disclaimer:

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To ensure compliance with requirements imposed by applicable law and professional practice, please know that any advice contained in communication (including any attachments) is not intended to be taken as a substitute for appropriate face-to face clinical consultations with an appropriately educated, credentialed and licensed health care professional.

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Changes to this Policy

We reserve the right to change this policy at any time. Please check this page periodically for changes. Your continued use of our site following the posting of changes to these terms will mean you accept those changes. Information collected prior to the time any change is posted will be used according to the rules and laws that applied at the time the information was collected.