

Notice of Privacy Practices: Rose McClain

Oct 1, 2026

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Effective date of this notice: This notice went into effect on October 1, 2026.

Notice of Privacy Practices

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

This notice covers individual counseling, group counseling, individual coaching, and group coaching services I provide.

I. About My Practice and Supervision

I am a pre-licensed counseling intern. I am completing a Master of Arts in Clinical Mental Health Counseling at Indiana Wesleyan University (IWU) and working toward licensure as a Licensed Mental Health Counselor (LMHC) in Indiana. I hold the CADAC IV and LBC credentials.

Because I am pre-licensed, I provide services under the clinical supervision of **Kyla Thompson of Indy Theraplex**. My supervisor shares responsibility for your care. She may review your records, discuss your treatment with me, and give direction on your care. My work is also reviewed by faculty supervisors at Indiana Wesleyan University as part of my internship.

You may contact my supervisor with questions or concerns about your care at:

Kyla Thompson, Indy Theraplex Licensed Mental Health Counselor (LMHC)
conversationswithkyla.com

II. My Pledge Regarding Health Information

I understand that health information about you and your care is personal, and I am committed to protecting it. I keep a record of the care and services you receive from me. I need this record to provide quality care and to meet legal requirements. This notice applies to all records of your care that I create, including records from individual and group sessions.

I am required by law to:

- Keep protected health information ("PHI") that identifies you private.
- Give you this notice of my legal duties and privacy practices.
- Follow the terms of the notice currently in effect.
- Notify you if a breach occurs that may have compromised the privacy or security of your information.
- Give you adequate notice of your rights and my legal duties if I create or keep records protected by 42 C.F.R. Part 2 (federal rules for substance use disorder records).

I can change the terms of this notice, and changes will apply to all information I have about you. The new notice will be available on request, in my office, and on my website.

III. How I May Use and Disclose Health Information About You

The categories below describe ways I use and disclose health information. Not every use or disclosure in a category is listed, but every permitted use falls within one of these categories.

Treatment, payment, and health care operations. Federal privacy rules allow a provider with a direct treatment relationship to use or disclose your PHI without written authorization for treatment, payment, or health care operations. For example, I may consult with my clinical supervisor or another licensed provider about your care to help with diagnosis and treatment planning. "Treatment" includes coordinating care with other providers, consulting with other providers, and making referrals.

Disclosures for treatment are not limited to the minimum necessary standard, because providers need full information to give quality care.

Substance use disorder records. If your records are protected under 42 C.F.R. Part 2, some uses and disclosures that HIPAA allows for treatment, payment, and operations are limited by those stricter rules. Information disclosed under these rules may be

redisclosed by the person who receives it and may no longer be protected by federal privacy rules.

Lawsuits and disputes. If you are involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose health information in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information. Records protected by 42 C.F.R. Part 2, or testimony about their content, will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you give specific written consent or a court issues an order that meets 42 C.F.R. Part 2.

IV. Supervision, Consultation, and Session Recording

Clinical supervision. As a pre-licensed intern, I meet regularly with my clinical supervisor, Kyla Thompson of Indy Theraplex, to review my work. I share information about your care with her as part of your treatment and my training. She is bound by the same confidentiality rules I am.

University supervision. Indiana Wesleyan University requires interns to have their clinical work reviewed by university faculty supervisors. This review may take place in individual or group supervision with faculty and with other counseling students in my internship class. When I present your case in a university setting, I remove or change identifying details whenever possible. Everyone who takes part in supervision is required to keep what they hear confidential.

Recording of sessions. My university program requires me to record some counseling sessions so faculty supervisors can review my clinical skills. Recordings are used only for supervision and training. They are never used for marketing, research, or any other purpose without your separate written authorization.

- **Your consent comes first.** I will not record any session without your written consent on a separate recording consent form. For a minor, I will get consent from a parent or legal guardian and ask for the minor's agreement.
- **You may say no.** You may decline recording, or stop a recording at any time, including in the middle of a session. Saying no will not affect your right to receive services from me.
- **You may withdraw consent.** You may withdraw consent in writing at any time. Withdrawal applies to future recordings and to any recording that has not yet been reviewed.

- **Who may view or hear recordings.** Only me, my clinical supervisor, and my IWU faculty supervisors. Recordings may be reviewed in group supervision with other IWU counseling interns, who are bound by confidentiality.
- **How recordings are stored.** Recordings are kept in encrypted, password-protected storage or a HIPAA-compliant platform approved by my university. They are never stored on personal devices or shared through unsecured email or messaging.
- **How long recordings are kept.** Recordings are deleted once supervision review is complete, and no later than the end of the academic term in which they were made. [CONFIRM RETENTION PERIOD WITH IWU POLICY]
- **Recordings are not part of your record.** Supervision recordings are training material. They are kept separate from your clinical record.
- **Group sessions.** A group session will be recorded only if every group member gives written consent. If any member declines, the session will not be recorded.
- **Telehealth sessions.** I will not record telehealth sessions unless you have given written consent. I ask that you do not record sessions without my agreement, and that you do not record other group members under any circumstances.

Professional consultation. I may consult with other licensed professionals about your care. When I do, I share only what is needed and do not share your name or identifying details unless you authorize it or the consultation is part of your treatment.

V. Privacy in Group Counseling and Group Coaching

Groups work best when members feel safe to share. I hold myself to the same confidentiality standards in group as in individual sessions. Group members are not licensed providers and are not bound by HIPAA, so I cannot guarantee that every member will keep information private.

To protect everyone in the group:

- Each member agrees in writing, before joining, to keep the names, identities, and personal information of other members confidential.
- Members agree not to record, photograph, or screenshot any part of a group session, in person or online.
- Members may share their own experience outside group but may not share anything that identifies another member.
- I recommend that members share only what they are comfortable having others hear.

- In online groups, members join from a private space where others cannot see or hear the session.

Group records. I keep a separate record for each group member. Notes in your record are about you. I do not include other members' names or personal details in your record, and I do not release another member's information when you request copies of your own record.

Contact outside group. If you see another group member in public, I ask that you let them decide whether to acknowledge you. I will follow the same practice.

Limits. If a member breaks group confidentiality, I will address it and may remove that member from the group. The legal limits to confidentiality described in Section VIII apply in group settings.

VI. Coaching Services

Coaching (including Logic-Based Consulting) focuses on goals, decisions, and personal growth. Coaching is a separate service from counseling or psychotherapy, and it does not include diagnosis or treatment of a mental health condition.

Coaching may fall outside HIPAA when it is provided apart from health care. I choose to protect coaching information with the same privacy practices described in this notice, for both individual and group coaching. This includes the same group agreements, the same secure storage, and the same limits on disclosure.

The legal limits described in Section VIII, such as mandatory reporting of suspected abuse and action to prevent serious harm, apply to coaching as well.

If, during coaching, it becomes clear that counseling would serve you better, I will talk with you about a referral or a change in services. Any change to counseling will be made with your informed consent and documented in your record.

VII. Uses and Disclosures That Require Your Authorization

Psychotherapy notes. I keep "psychotherapy notes" as defined in 45 C.F.R. § 164.501. Any use or disclosure of these notes requires your authorization unless it is:

- For my use in treating you.
- For training or supervising mental health practitioners, including review by my clinical supervisor and IWU faculty supervisors.

- For my use in defending myself in legal proceedings you bring.
- For use by the Secretary of Health and Human Services to investigate my compliance with HIPAA.
- Required by law, limited to what the law requires.
- Required by law for health oversight activities about the person who wrote the notes.
- Required by a coroner performing duties authorized by law.
- Needed to help prevent a serious threat to the health and safety of others.

Substance use disorder (SUD) counseling notes. I may keep SUD counseling notes, which document the contents of a substance use counseling session. Any use or disclosure of these notes requires your separate written authorization, which cannot be combined with consent for other records. You may revoke consent at any time, except to the extent I have already acted on it.

Session recordings. Recording requires your separate written consent, as described in Section IV.

Marketing. I will not use or disclose your PHI for marketing.

Sale of PHI. I will not sell your PHI.

VIII. Uses and Disclosures That Do Not Require Your Authorization

Subject to limits in the law, I may use and disclose your PHI without your authorization:

- **When required by state or federal law,** limited to what the law requires.
- **To report suspected abuse or neglect.** Indiana law requires anyone with reason to believe a child is a victim of abuse or neglect to report it to the Indiana Department of Child Services or law enforcement. I also report suspected abuse, neglect, or exploitation of an endangered adult as Indiana law requires.
- **To prevent serious harm.** If you communicate an actual threat of physical violence against a reasonably identifiable person, or show imminent danger to yourself, I may take steps permitted or required by Indiana law to protect you or others. These steps may include warning the person at risk, contacting law enforcement, or arranging hospitalization.
- **For public health activities.**
- **For health oversight activities,** including audits and investigations.
- **For judicial and administrative proceedings,** including responding to a court or administrative order. I prefer to get your authorization first when possible.

- **For law enforcement purposes**, including reporting crimes on my premises.
- **To coroners or medical examiners** performing duties authorized by law.
- **For research**, when approved through a process that protects your privacy. Supervision recordings are never used for research without your separate written authorization.
- **For specialized government functions**, including military missions, protection of the President, intelligence activities, and the safety of people in correctional institutions.
- **For workers' compensation**, to comply with workers' compensation laws. I prefer to get your authorization first.
- **For appointment reminders and health related services**, including reminders and information about other services I offer.

IX. Uses and Disclosures Where You May Object

Family, friends, and others involved in your care. I may share your PHI with a family member, friend, or other person you identify as involved in your care or payment, unless you object in whole or in part. In an emergency, I may ask for your agreement afterward.

Fundraising. If I plan to use or disclose records protected by 42 C.F.R. Part 2 for fundraising for my benefit, I will give you a clear opportunity to opt out first.

X. Your Rights Regarding Your PHI

Right to request limits on uses and disclosures. You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I am not required to agree, and I may say no if I believe it would affect your care.

Right to restrict disclosures when you pay out of pocket in full. You may ask me not to share PHI with your health plan for payment or operations when it relates only to a service you paid for in full yourself.

Right to choose how I contact you. You may ask me to contact you a certain way (for example, a specific phone number, email, or mailing address). I will agree to all reasonable requests.

Right to see and get copies of your PHI. Except for psychotherapy notes, SUD counseling notes, and supervision recordings, you may get an electronic or paper copy of your record. I will provide a copy, or a summary if you agree, within 30 days of your written

request. I may charge a reasonable, cost-based fee. In group services, copies include only information about you.

Right to an accounting of disclosures. You may request a list of disclosures I made for purposes other than treatment, payment, or operations, or that you authorized. I will respond within 60 days. The list covers the last six years unless you ask for less. The first list each year is free; I may charge a reasonable, cost-based fee for more. You may also request an accounting of disclosures of SUD records protected under 42 C.F.R. Part 2.

Right to correct or update your PHI. If you believe information in your record is wrong or missing, you may ask me to correct or add it. I may say no, and if so I will explain why in writing within 60 days.

Right to a copy of this notice. You may get a paper or electronic copy of this notice at any time, even if you agreed to receive it electronically.

Right to be notified of a breach. You will be notified if a breach of your unsecured PHI occurs.

XI. Questions and Complaints

If you have questions about this notice or believe your privacy rights have been violated, please contact me first. You may also contact my clinical supervisor, Kyla Thompson, LMHC, of Indy Theraplex, through [conversationswithkyla.com](https://www.conversationswithkyla.com).

You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue SW, Washington, D.C. 20201, by calling 1-800-368-1019, or at www.hhs.gov/ocr/complaints. Complaints about SUD records protected under 42 C.F.R. Part 2 may also be filed with the Secretary of Health and Human Services.

I will not retaliate against you in any way for filing a complaint.

Acknowledgement of Receipt of Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have rights regarding the use and disclosure of your protected health information. By signing below, you acknowledge that:

- You received a copy of Rose McClain's Notice of Privacy Practices.

- You understand that Rose McClain is a pre-licensed counseling intern practicing under the clinical supervision of Kyla Thompson of Indy Theraplex, and under the review of Indiana Wesleyan University faculty supervisors.
- You understand that sessions may be recorded for university supervision only with your separate written consent.
- If you take part in group counseling or group coaching, you understand the limits of confidentiality in a group setting.

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

Client name (print): _____

Client signature: _____ Date: _____

Parent or legal guardian signature (if client is a minor):

_____ Date: _____

Counselor signature: _____ Date: _____ Rose
(Tapp) McClain, Pre-Licensed Counseling Intern