



HIPAA NOTICE OF PRIVACY PRACTICES

Effective date: May 2026

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

OUR RESPONSIBILITIES

Ashley Clifton Therapy & Wellness, PLLC is committed to protecting the privacy of your protected health information (PHI). We are required by law to maintain the privacy of your PHI, provide you with this notice, abide by its terms, notify you of any breach of your unsecured PHI, and honor your rights regarding your PHI as outlined here. Your client records will be securely retained for a minimum of six (6) years after your last date of service, in accordance with Arkansas law.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: Your PHI may be shared to coordinate or manage your care, including communication with other healthcare professionals involved in your treatment.

For Payment: Your PHI may be used to process and receive payment for services. This includes billing, client account management, and verifying session attendance for invoicing purposes.

For Health Care Operations: Your PHI may be used for administrative operations necessary to run the practice, including clinical supervision, quality improvement, staff training, and legal, auditing, or licensing purposes. All supervision discussions are de-identified to the extent possible.

For Minor Clients: When services are provided to adolescent clients (ages 13 and older), PHI may be shared with a parent or legal guardian in accordance with Arkansas law, the minor's age, and the therapist's clinical judgment. Parents and guardians do not have automatic access to session content or clinical notes. Access is evaluated on a case-by-case basis with attention to the minor's safety, the nature of the information, and the integrity of the therapeutic relationship. In cases involving suspected abuse, neglect, or imminent safety concerns, the therapist is required to fulfill mandated reporting obligations regardless of confidentiality considerations.

As Required by Law: We may disclose PHI when required by federal, state, or local law, including reporting suspected abuse or neglect, preventing serious threats to health or safety, responding to court orders or subpoenas, and health oversight activities.

Business Associates: We may share PHI with third-party contractors — such as telehealth platforms, billing services, and electronic health record providers — who are contractually obligated to safeguard your information through Business Associate Agreements (BAAs).

USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Any use or disclosure of your PHI not described in this notice requires your written authorization. This includes the use of therapy notes for any purpose other than your treatment, and the use of PHI for marketing or sale of information. Therapy notes are afforded special protection under HIPAA and will not be released without your explicit written authorization. You may revoke authorization at any time in writing, except where we have already acted based on prior authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy: You may inspect or request copies of your medical and billing records, with limited exceptions such as therapy notes or records involved in legal proceedings.

Right to Amend: You may request corrections to your PHI if you believe it is inaccurate or incomplete. If we deny your request, we will explain why.

Right to an Accounting of Disclosures: You may request a list of disclosures made of your PHI in the past six years, except for disclosures made for treatment, payment, or healthcare operations.

Right to Request Restrictions: You may ask us to restrict how we use or disclose your PHI. We are not required to agree but will consider your request. If you pay out-of-pocket in full for a service, you have the right to request that information not be shared with your health plan, and we are required to honor that request unless disclosure is required by law.

Right to Confidential Communications: You may request that we contact you using alternative means or at an alternative location.

Right to a Paper Copy: You may request a paper copy of this notice at any time, even if you received it electronically.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

TELEHEALTH AND ELECTRONIC COMMUNICATION

All services are provided via secure, HIPAA-compliant telehealth platforms. While we strive to ensure confidentiality of all electronic communication, no system is entirely risk-free. Please use private internet connections, avoid public Wi-Fi, and maintain secure devices when participating in telehealth sessions. Electronic communication via email or text should be limited to scheduling and logistical matters and will not include therapeutic content.

SUPERVISION AND CLINICAL OVERSIGHT

Ashley Clifton is a Licensed Associate Counselor (LAC) practicing under the supervision of David Lengefeld, LPC-S. Client cases may be reviewed in supervision to ensure ethical, high-quality care. Identifying information is not shared beyond what is clinically necessary. This supervisory structure is a standard and required component of provisional licensure in Arkansas.

SOCIAL MEDIA AND ONLINE PRESENCE

Ashley Clifton Therapy & Wellness, PLLC maintains professional social media accounts for educational and outreach purposes. Clients may follow public content at their own discretion. Ashley will not acknowledge, comment on, or engage with clients via social media to protect your confidentiality and maintain HIPAA compliance.

CHANGES TO THIS NOTICE

We reserve the right to revise this notice at any time. Updates will be posted on our website and made available upon request. Revised notices apply to all health information maintained by Ashley Clifton Therapy & Wellness, PLLC, including information created or received prior to the revision.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice or believe your privacy rights have been violated, contact:

Ashley Clifton Therapy & Wellness
P.O. Box 93, Rose Bud, AR 72137
Email: ashley@ashleyclifton.com
Phone: (501) 239-8668
Fax: (501) 261-6774

You may also file a complaint with:

Arkansas Board of Examiners in Counseling
5800 West 14th Street, Suite 405, Little Rock, AR 72204
Phone: (501) 683-5800

Office for Civil Rights (OCR)
U.S. Department of Health & Human Services
200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: (877) 696-6775

You will not be penalized for filing a complaint.