

Notice of Privacy Practices

Effective Date: 12/4/2025

Practice Name: Sunshine Counseling LLC

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Introduction

This Notice of Privacy Practices describes how Sunshine Counseling LLC may use and disclose your protected health information (PHI) and how you can access this information. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices.

By signing the acknowledgment form, you confirm that you have received and reviewed this Notice.

Your Rights

You have the right to: - **Get an electronic or paper copy of your record:** You can ask to see or get an electronic or paper copy of your mental health record and other health information we have about you. We will provide a copy or summary, usually within 30 days of your request. Reasonable fees may apply. - **Request a correction to your record:** You can ask us to correct health information you think is incorrect or incomplete. We may deny your request if the information was not created by us or if it is already accurate. - **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. - **Request restrictions:** You can ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree, but we will comply with reasonable requests when possible. - **Get a list of disclosures:** You can ask for a list (accounting) of the times we've shared your health information, up to six years before your request. - **Get a copy of this notice:** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. - **Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. - **File a complaint:** If you believe your privacy rights have been violated, you may file a complaint with

our office or with the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Your Choices

You have choices about the information we share in certain situations. You can tell us your preferences about: - Sharing information with family, friends, or others involved in your care - Contacting you for appointment reminders or check-ins - Sharing your information for fundraising purposes (we typically do not do this) - Including your information in a client directory (we do not maintain one)

If you give us permission to share information, you may revoke it at any time.

Our Uses and Disclosures

We typically use or share your health information in the following ways:

For Treatment

We can use your health information to provide you with clinical services and coordinate your care with other professionals involved in your treatment.

For Payment

We can use and share your health information to bill and receive payment from health plans or other entities.

For Health Care Operations

We can use and share your information to run our practice, improve your care, and contact you when necessary.

For Telehealth Services

Sunshine Counseling uses secure, HIPAA-compliant telehealth platforms for virtual therapy sessions. While every effort is made to ensure confidentiality, electronic communication always carries some risk. You agree to participate using a private, secure connection and not record sessions without prior written consent.

Other Ways We May Use or Share Your Information

We may use or share your information as permitted or required by law in the following cases: - **Public health and safety issues - Abuse or neglect reporting - Health oversight activities - Court orders or legal processes - Serious threat to health or safety - Compliance with laws**

We will never use your information for marketing or sell your personal information without your written authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
 - We will notify you promptly if a breach occurs that may compromise your privacy or security.
 - We will not use or share your information other than as described here unless you give written authorization.
 - We may update this Notice and will provide you with a copy when significant changes occur.
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Contact Information

If you have any questions about this Notice or wish to exercise your privacy rights, please contact:

Lesley Kiesling, LPC-IT

Sunshine Counseling LLC

Phone: 330-267-7534

Email: lesleywohlt@gmail.com

You may also contact:

Office for Civil Rights (OCR)

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Website: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

This Notice complies with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and Wisconsin state confidentiality laws.