

Northwind Holistic Psychiatry PLLC
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SUBJECT: NOTICE OF PRIVACY PRACTICES (NPP)

EFFECTIVE DATE: January 1st, 2026

LAST UPDATED: February 10th, 2026

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

Northwind Holistic Psychiatry PLLC (“the Practice”) is a HIPAA-covered entity. We are required by law to maintain the privacy and security of your Protected Health Information (“PHI”), provide you with this Notice, follow its terms, and notify you in the event of a breach of unsecured PHI.

Privacy Officer:

Tiffany L. Pittman, DMSc, PA-C
Northwind Holistic Psychiatry PLLC
Phone: (320) 500-2024
Fax: (320) 244-7958
Email: office@northwindholisticpsychiatry.com

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that your health information is personal and sensitive. We are committed to protecting your privacy and providing high-quality psychiatric care.

We maintain records of the care and services you receive. This Notice applies to all Protected Health Information (PHI) created, received, maintained, or transmitted by Northwind Holistic Psychiatry PLLC.

We are required to:

- Maintain the privacy and security of your PHI
 - Provide you with this Notice
 - Follow the terms of the Notice currently in effect
 - Provide updated copies upon request
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II. HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

A. Treatment, Payment, and Health Care Operations (TPO)

We may use or disclose PHI without your authorization for purposes of treatment, payment, and health care operations, including but not limited to:

- Psychiatric evaluation, diagnosis, and treatment
- Care coordination, referrals, and consultations with other healthcare providers
- Billing, claims submission, payment processing, and insurance verification
- Quality assurance, chart review, credentialing, supervision, compliance, and internal audits

Disclosures for treatment purposes are not subject to the minimum necessary standard, as full access to relevant information is often required to provide safe and effective care.

B. Collaboration With Supervising / Collaborating Physician

As a Physician Assistant–led practice, we may disclose PHI to a collaborating or supervising physician as required for clinical oversight, chart review, consultation, quality assurance, and patient safety. Access is limited to the minimum information necessary to fulfill these responsibilities.

C. Supporting Staff & Authorized Personnel

HIPAA-trained staff, contractors, and authorized personnel may access PHI on a minimum necessary, need-to-know basis to support treatment, payment, health care operations, scheduling, billing, credentialing, compliance, and administrative functions.

D. Students, Trainees, and Clinical Observers

From time to time, students, trainees, or clinical observers may be present during appointments for educational or training purposes.

Participation occurs only under direct supervision and in compliance with all privacy and confidentiality requirements. You may decline student or observer participation at any time without affecting your care.

E. Appointment Reminders & Health-Related Communications

We may contact you to remind you of appointments, provide information about treatment options, medications, care coordination, or other services related to your health.

F. Research

The Practice may conduct or participate in research activities. Identifiable PHI will not be used or disclosed without your written authorization unless an Institutional Review Board (IRB) approves a waiver as permitted by law. Participation in research is voluntary and will not affect your care.

G. Case Studies & Educational Use of De-Identified Information

The Practice may use fully de-identified information for education, training, quality improvement, professional presentations, or publications. All 18 HIPAA identifiers are removed. De-identified information is not considered PHI.

III. DIGITAL COMMUNICATION TOOLS

A. Google Workspace

The Practice uses Google Workspace (including Gmail, Google Drive, Google Calendar, and Google Meet) for clinical and administrative communication. Google maintains a Business Associate Agreement (BAA), and data is encrypted in transit and at rest.

B. Internal Email Communication

Internal email communication within the Practice's Google Workspace domain may include PHI as necessary for treatment, payment, or health care operations. Staff are prohibited from forwarding PHI outside the organization without appropriate authorization or encryption.

C. Telephone, Google Voice, and Text Messaging

Telephone communication, including calls placed through Google Voice, may include PHI when clinically appropriate.

SMS/text messaging is not HIPAA-secure. Patients are asked not to send PHI or clinical details via text message.

D. If Patients Send PHI via Text or Non-Secure Channels

If a patient sends PHI via SMS or other non-secure communication methods:

- The Practice will not respond with PHI
- The patient will be directed to the secure patient portal
- The communication will be documented in the medical record

When initiated by the patient, this does not constitute a HIPAA breach.

IV. USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

The Practice will obtain your written authorization before using or disclosing PHI for the following purposes:

- Psychotherapy notes (rarely maintained by this Practice)

- Marketing activities
- Sale of PHI

You may revoke authorization in writing at any time.

V. USES AND DISCLOSURES NOT REQUIRING AUTHORIZATION

PHI may be used or disclosed without authorization as permitted or required by law, including for:

- Public health and safety activities
- Reporting abuse, neglect, or exploitation
- Preventing or reducing a serious threat to health or safety
- Health oversight activities such as audits, investigations, or licensure actions
- Judicial or administrative proceedings, including court orders or subpoenas
- Law enforcement purposes
- Workers' compensation and similar programs
- Coroners or medical examiners
- Organ and tissue donation
- Specialized government functions, including military, national security, intelligence, or correctional institutions

When permitted by law, reasonable efforts will be made to notify you before responding to a subpoena or legal request not accompanied by a court order.

Business Associates (such as SimplePractice, payment processors, and AI-assisted documentation vendors) may access PHI as permitted by law and are bound by Business Associate Agreements.

VI. MINNESOTA-SPECIFIC PRIVACY RIGHTS

The Practice complies with the Minnesota Health Records Act, which provides additional privacy protections, including:

- Patient consent requirements for many disclosures
 - The right to request non-disclosure to your insurer when paying in full out-of-pocket
 - The right to request privacy protections more stringent than those required by HIPAA
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VII. COLORADO-SPECIFIC PRIVACY RIGHTS

Colorado law provides enhanced protections for mental health information, including limitations on disclosure, application of the minimum necessary standard, and mandatory disclosures when credible threats of violence arise, as required by law. Patients may request additional confidentiality protections as permitted.

VIII. YOUR RIGHTS REGARDING PHI

You have the right to:

- Request restrictions on certain uses or disclosures of your PHI
- Request confidential communications
- Request restriction of disclosure to health plans when services are paid out-of-pocket in full
- Access, inspect, or receive copies of your PHI
- Request amendments to your medical record
- Receive an accounting of disclosures for up to six (6) years
- Receive notification of breaches of unsecured PHI
- Choose a personal representative to act on your behalf
- Revoke an authorization in writing
- Opt out of non-essential communications or fundraising (if applicable)
- Receive a paper or electronic copy of this Notice

Requests must be submitted in writing to the Privacy Officer. Reasonable, cost-based fees may apply as permitted by law.

IX. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the U.S. Department of Health and Human Services, Office for Civil Rights. The Practice will not retaliate against you for filing a complaint.

X. CHANGES TO THIS NOTICE

The Practice reserves the right to change this Notice. Any changes will apply to all PHI maintained by the Practice, regardless of when it was created. Updated versions will be available upon request and on the Practice website.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received and reviewed the Notice of Privacy Practices for Northwind Holistic Psychiatry PLLC.

ACKNOWLEDGMENT FOR MINOR PATIENTS

If the patient is a minor, the parent or legal guardian certifies they have legal authority to act on the patient's behalf and understand the privacy rights described in this Notice.

DISCLAIMER

Northwind Holistic Psychiatry PLLC is a Minnesota-based psychiatric practice operated by **Tiffany L. Pittman, DMSc, PA-C**, registered as a professional limited liability company in the state of Minnesota.

The Practice provides telepsychiatry and in-person services to patients located in Minnesota and Colorado.

Although the provider is licensed in Colorado, Northwind Holistic Psychiatry PLLC is not a Colorado-based medical practice. A Colorado PLLC exists solely for administrative and credentialing purposes.