

**Northwind Holistic Psychiatry PLLC**  
Primary Office: 1920 Turning Leaf Lane SW, Ste 6, Alexandria, MN 56308  
Mailing Address: 9235 N Union Blvd STE 150 - 377, Colorado Springs, CO 80920  
Office: (320) 500-2024  
Provider Direct: (320) 500-2040  
Fax: (320) 244-7958  
office@northwindholisticpsychiatry.com



---

**SUBJECT:** NOTICE OF PRIVACY PRACTICES (NPP)

**EFFECTIVE DATE:** January 1st, 2026

**LAST UPDATED:** April 17th, 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
- 

**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 part of providing safe, high-quality care, your Provider may collaborate with or consult other licensed healthcare professionals, including collaborating or supervising physicians and contracted providers.

These individuals are part of the clinical care team and may review your electronic health record (EHR), including your medical history, medications, and treatment plan, as necessary to support your care.

All providers are bound by applicable privacy laws, including HIPAA, and will access your information only for purposes related to your treatment, care coordination, and quality assurance.

These providers may be located in different geographic locations and may participate in your care through secure electronic systems.

---

## **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 using the contact information you provide (including phone, text message, email, and/or patient portal) for purposes related to your care. This may include, but is not limited to:

- Appointment reminders and scheduling communications
- Telehealth links and visit instructions
- Information about treatment options, medications, or follow-up care
- Care coordination and administrative communications related to your services

These communications may be sent using standard (non-encrypted) methods such as email or text messaging. While we take reasonable steps to protect your information, these methods may carry some level of privacy risk. We may use third-party communication platforms to facilitate these services, which are compliant with applicable privacy standards.

By providing your contact information and engaging in services with our practice, you acknowledge and consent to receiving these communications as part of your care.

You may opt out of non-essential communications at any time by notifying our office in writing; however, doing so may impact our ability to coordinate your care effectively.

---

#### **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
- 

## **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.