

HIPAA NOTICE OF PRIVACY PRACTICES

Tieger Therapy and Consulting, LLC

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND YOUR RIGHTS CONCERNING THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Under the Health Insurance Portability and Accountability Act of 1996 (hereafter, "HIPAA"), you have certain rights regarding the use and disclosure of your Protected Health Information (hereafter, "PHI"). Your PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related healthcare services. This Notice of Privacy Practices (hereafter, "Notice") applies to all PHI about you and records of your care generated and/or received by this practice, Tieger Therapy and Consulting, LLC, including information that is obtained or disclosed by us in any form, whether electronically, on paper, or orally.

- I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:** We are committed to protecting your health information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to: 1) make sure that your health information is kept private; 2) give you this Notice of our legal duties and privacy practices with respect to your health information; and 3) follow the terms of the Notice that is currently in effect.
- II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:** The following sections describe the various ways we may use and disclose your PHI. Some of the uses or disclosures will require your prior written authorization; others, however, will not.
- III. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION:** Federal privacy rules allow health care providers who have a direct treatment relationship with a patient to use or disclose the patient's PHI without written authorization to carry out treatment, payment, or health care operations, and for certain other reasons as required by law. We must meet certain legal conditions before we can share your information for these purposes. We can use and disclose your PHI without your Authorization for the following reasons:
 - a. Treatment:** We may use your PHI to provide you with treatment. This includes, among other things, the coordination and management of health care with a third party; consultations or coordination of care between health care providers; and referrals of a patient from one health care provider to another. For example, if we were to consult with another health care provider about you, we would be permitted to use and disclose your PHI to assist the other provider in diagnosis and treatment of your health condition and to provide you with the highest quality care.
 - b. Payment:** We may use your PHI for payment and billing purposes, including generating and sending you invoices and collecting payment for services.
 - c. Health Care Operations:** We may also use your PHI for business operations purposes, including sending you appointment reminders and other documentation.
 - d. As Required By Law:** We may use and disclose PHI as required by federal, state, or local law.
 - e. Public Health Activities and Mandated Reporting:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including mandated reporting of suspected child, elder, or vulnerable adult abuse, or preventing or reducing a serious, imminent threat to anyone's health or safety.
 - f. Health Oversight Activities:** We may disclose PHI to a health oversight agency for oversight activities including, for example, claims audits, investigations, inspections,

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licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

- g. Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal processes when efforts have been made to advise you of the request or to obtain an order protecting the information requested.
- h. Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials, for example if to identify or locate a suspect, fugitive, material witness, or missing person.
- i. Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule.
- j. Specialized Government Functions:** Under certain circumstances, we may disclose PHI for certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities, for national security activities.
- k. Coroners, Funeral Directors, and Organ Donation Requests:** We may provide coroners, medical examiners, and funeral directors necessary PHI relating to an individual's death, when such individuals are performing duties authorized by law. We may also disclose PHI to organ procurement organizations to assist them in organ, eye, or tissue donations and transplants.
- l. Workers' Compensation:** We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

IV. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

- a. Psychotherapy Notes:** We keep "psychotherapy notes" as that term is defined in 45 CFR § 164.501, and any use or disclosure of such notes requires your Authorization unless the use or disclosure is:
 - i. For our use in treating you.
 - ii. For our use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
 - iii. For our use in defending against legal proceedings instituted by you.
 - iv. For use by the Secretary of the Department of Health and Human Services (HHS) to investigate our compliance with HIPAA.
 - v. Required by law and the use or disclosure is limited to the requirements of such law.
 - vi. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
 - vii. Required by a coroner who is performing duties authorized by law.
 - viii. Required to help avert a serious threat to the health and safety of others.
- b. Marketing Purposes:** We will not use or disclose your PHI for marketing purposes without your prior written consent. You may withdraw this consent at any time by submitting a written request to the email address we keep on file or via certified mail to our address. Once we have received your written withdrawal of consent, we will remove your PHI from any

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marketing materials. We cannot guarantee that others who may have copied your review from our website or from other locations will also remove the review. This is a risk that we want you to be aware of, should you provide and give us permission to post your review (as applicable).

V. USES AND DISCLOSURES THAT DO NOT REQUIRE AUTHORIZATION BUT WITH THE OPPORTUNITY TO OBJECT:

- a. **To Persons Involved in Your Care:** We may disclose to your relatives, friends, or anyone else you designate as being involved in your care, any PHI that is directly related to that person's involvement in the provision of, or payment for, your care. Except in emergency situations, we will inform you of our intended action and offer you the opportunity to object prior to disclosing your PHI.
- b. **For Notifications:** We may also use or disclose PHI to notify (or assist in the notification of) a family member or personal representative involved in your care about your location, general condition, or death. Except in emergency situations, we will inform you of our intended action and offer you the opportunity to object prior to disclosing your PHI.

VI. SALE OF PHI: We will not sell your PHI.

VII. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI:

- a. **The Right to Request Limits on Uses and Disclosures of Your PHI:** You have the right to ask us not to use or disclose certain PHI for treatment, payment, or health care operations purposes. We are not required to agree to your request, and we may say "no" if we believe it would adversely impact your health care.
- b. **The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full:** You have the right to request restrictions on the disclosure of your PHI to health plans for payment or health care operations purposes if the PHI pertains solely to a health care item or a health care service that you have paid for out-of-pocket in full.
- c. **The Right to Choose How we Send PHI to You:** You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address, and we will agree to all reasonable requests.
- d. **The Right to See and Get Copies of Your PHI:** Other than in limited circumstances, you have the right to get an electronic or paper copy of your medical record and other information that we have about you. We will provide you with a copy of your record, or if you agree, a summary of it, within 30 days of receiving your written request.
- e. **The Right to Get a List of the Disclosures we Have Made:** You have the right to request a list of instances in which we have disclosed your PHI for purposes other than treatment, payment, or health care operations, and other disclosures (such as any you ask us to make). We will respond to your request for an accounting of disclosures within 60 days of receiving your request.
- f. **The Right to Correct or Update Your PHI:** If you believe that there is a mistake in your PHI, or that a piece of important information is missing from your PHI, you have the right to request that we correct the existing information or add the missing information. We may say "no" to your request, but we will tell you why in writing within 60 days of receiving your request.
- g. **The Right to Get a Paper or Electronic Copy of this Notice:** You have the right to get a paper copy of this Notice, and you have the right to get a copy of this notice by email. And,

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even if you have agreed to receive this Notice electronically, you also have the right to request a paper copy of it.

- h. The Right to 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 make choices about your health information.
- i. The Right to Revoke an Authorization**
- j. The Right to Opt out of Communications and Fundraising from our Organization**

- VIII. COMPLAINTS:** You can file a complaint if you feel we have violated your rights by contacting us directly or by filing a complaint with the HHS Office for Civil Rights located at 200 Independence Avenue, S.W., Washington D.C. 20201, calling HHS at (877) 696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.
- IX. CHANGES TO THIS NOTICE:** We can change the terms of this Notice, and such changes will apply to all the information we have about you. The new Notice will be available upon request, in our office, and on our website.
- X. EFFECTIVE DATE OF THIS NOTICE:** This notice went into effect on 6/17/2021. Updated 9/24/2021.
- XI. ACKNOWLEDGEMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES:** Your electronic signature indicates that you have read and understood the information in this document and have had the opportunity to ask any questions you may have. If you have any questions in the future, you can ask us at any time.