

Shifting Tides Therapeutic Services PLLC

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Hebron, CT 06248

860.248.6428

NOTICE OF PRIVACY PRACTICES

Effective Date: January 10, 2025

Shifting Tides Therapeutic Services PLLC (STTS) is required by law to protect the privacy and confidentiality of your Protected Health Information (PHI). PHI is any individually identifiable health information related to a person's past, present or future medical records, healthcare services, or payment for healthcare, protected under the Health Insurance Portability and Accountability Act (HIPAA) regulations. This Notice of Privacy Practices explains how we may use and disclose your PHI, your rights regarding your PHI and how you may gain access to it, and our obligations to protect it under HIPAA and applicable Connecticut state laws. Please review it carefully. This notice applies to all of the records of your care generated by Shifting Tides Therapeutic Services PLLC. STTS can change the terms of this Notice, and such changes will apply to all information we have about you. The new Notice will be available upon request.

I. HOW SHIFTING TIDES THERAPEUTIC SERVICES PLLC MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that Shifting Tides Therapeutic Services PLLC can use and disclose your protected health information. Even if not specifically listed below, your provider may use and disclose your PHI as permitted or required by law or as authorized by you. STTS will make reasonable efforts to limit PHI to the minimum amount necessary to accomplish the intended purpose of any use or disclosure and to the extent such use and disclosure is limited by law. Except as described in this Notice, your provider will not use or disclose your health information without your authorization.

1. For Treatment:

Shifting Tides Therapeutic Services PLLC may use and disclose your PHI to provide, coordinate, or manage your care. For example, your provider may consult with another healthcare provider about your condition to ensure effective treatment or your PHI may be used to refer you to other providers. Disclosures for treatment purposes are not limited to the minimum necessary standard because therapists and other health care providers need access to the full record and/or full and complete information in order to provide quality care.

2. For Payment:

Shifting Tides Therapeutic Services PLLC may use and disclose your PHI

to bill and receive payment for services provided to you, including sharing necessary information with your insurance company.

3. **For Healthcare Operations:**
Shifting Tides Therapeutic Services PLLC may use and disclose your PHI to support its business operations, such as quality assessments, training or licensing activities. For example, we may use your information to track and evaluate appointment trends or assess the effectiveness of treatment approaches to improve client care.
4. **As required by law:**
STTS may disclose your PHI when required to do so by federal, state or local laws, including Connecticut laws related to mandatory reporting (e.g., child, elder, or dependent adult abuse or neglect).
5. **Business Associates:**
Shifting Tides Therapeutic Services PLLC may use and disclose your PHI to a Business Associate that provides services, such as billing or legal. In order to protect your information, we require Business Associates to enter into a written contract that requires them to safeguard your information.
6. **Judicial Proceedings:**
Although written Authorization from you is preferred, if you are involved in a lawsuit, your provider may disclose health information in response to a court or administrative order if permitted by law.
7. **Public Health Activities:**
STTS may disclose your PHI to a public health authority that is authorized by law to collect or receive such information, such as mandated reporting of disease, injury or vital statistics.
8. **Health Oversight Activities:**
STTS may disclose your PHI to a health oversight agency (e.g., Connecticut Department of Public Health), for activities authorized by law, such as audits, investigations and inspections. This ensures compliance with licensing requirements, regulations, or other legal obligations.
9. **Law Enforcement:**
STTS may disclose your PHI for certain law enforcement purposes if permitted or required by law.
10. **Coroners and Medical Examiners:**
If you are deceased, STTS may disclose limited PHI to a coroner or medical examiners to assist them in their duties.
11. **To Avert Serious Threat:**
STTS may use or disclose your PHI when necessary to prevent a serious threat to the health or safety of you or others. This disclosure would only

be made to individuals or entities capable of mitigating or responding to the threat, such as law enforcement, emergency responders, or individuals directly involved in addressing the risk. For example, if you express credible intent to harm yourself or another person, your provider may notify the appropriate authorities or individuals to ensure safety.

12. **Military, National Security and Specialized Government Functions:**
If required by law, STTS may disclose your PHI to military command authorities, the Department of Veterans Affairs, or other authorized federal officials to ensure proper execution of military missions or to comply with national security requirements.
13. **Workers' Compensation Purposes:**
STTS may disclose your PHI as authorized by and to the extent necessary to comply with laws related to workers' compensation or similar programs.
14. **Appointment Reminders and Health Related Benefits or Services:**
STTS may use and disclose your PHI to contact you to remind you of an appointment with your provider. STTS may also use and disclose your PHI to notify you about treatment alternatives, or other healthcare services or benefits that can be offered.
15. **Research Purposes:**
Under certain circumstances, STTS may disclose PHI for research purposes, including studying and comparing the mental health of patients receiving one form of therapy versus those receiving another form of therapy for the same condition.

SPECIAL RULES REGARDING MENTAL HEALTH RECORDS, SUBSTANCE ABUSE TREATMENT INFORMATION AND HIV-RELATED INFORMATION – For disclosures concerning protected health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions generally apply. For example, Shifting Tides Therapeutic Services PLLC generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign an Authorization or, in certain circumstances, if the court orders disclosure.

II. USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION:

The following uses and disclosures of your PHI will be made only with your written authorization:

1. **Psychotherapy Notes:**
Your provider will 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:
 - a. For your provider's use in treating you.

- b. For your provider's use in training or supervising mental health practitioners to help them improve their skills in group, joint, family, or individual counseling or therapy.
- c. For your provider's use in defending themselves in legal proceedings instituted by you.
- d. For use by the Secretary of Health and Human Services to investigate your provider's compliance with HIPAA.
- e. Required by law and the use or disclosure is limited to the requirements of such law.
- f. Required by law for certain health oversight activities pertaining to the originator of the psychotherapy notes.
- g. Required by a coroner who is performing duties authorized by law.
- h. Required to help avert a serious threat to the health and safety of others.

2. Marketing Purposes:

As a psychotherapist, your provider will not use or disclose your PHI for marketing purposes.

3. Sale of PHI:

As a psychotherapist, your provider will not sell your PHI in the regular course of their business.

III. CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.

Shifting Tides Therapeutic Services PLLC may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

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

1. The Right to Request Limits on Uses and Disclosures of Your PHI.

You have the right to request, in writing, restrictions on certain uses and disclosures of your Protected Health Information.

2. The Right to Request Restrictions for Out-of-Pocket Expenses Paid for In Full.

You have the right to request restrictions on disclosures 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.

3. The Right to Choose How Shifting Tides Therapeutic Services PLLC Sends PHI to You.

You have the right to ask your provider to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

4. **The Right to See and Get Copies of Your PHI.**
Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that STTS has about you. STTS will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request. STTS may charge a reasonable, cost based fee for doing so.
5. **The Right to Get a List of the Disclosures STTS Has Made.**
You have the right to request a list of instances in which STTS has disclosed your PHI for purposes other than treatment, payment, or health care operations, or for which you provided an Authorization for. STTS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list given to you will include disclosures made in the last six years unless you request a shorter time. Your provider will provide the list to you at no charge, but if you make more than one request in the same year, you will be charged a reasonable cost based fee for each additional request.
6. **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 a correction be made to the existing information or add the missing information. Your provider may decline your request; but an explanation in writing will be provided as to why within 60 days of receiving your request.
7. **The Right to Get a Paper or Electronic Copy of this Notice.**
You have the right get a paper copy of this Notice, and you have the right to get a copy of this notice by e-mail. And, even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
8. **The Right to File a Complaint**
If you believe your privacy rights have been violated, we encourage you to contact Shifting Tides Therapeutic Services PLLC first, so we can address your concerns promptly. You can reach us at 860.248.6428 or stephanie@shiftingtidestherapyct.com. However, you also have the right to file a complaint directly with the appropriate agencies, as detailed below:
 - State of Connecticut Department of Public Health (DPH):
Connecticut Department of Public Health: Practitioner
Investigations Unit
410 Capitol Avenue, MS# 12HSR
P.O. Box 340308

Hartford, CT 06134-0308
Phone/Complaint Line: 860.509.8000
Fax: 860.707.1984
Email: oplc.dph@ct.gov

- Office for Civil Rights (OCR):
U.S. Department of Health and Human Services, OCR
J.F. Kennedy Federal Building—Room 1875
Boston, MA 02203
Phone: 617.565.1340
Fax: 617.565.3809

9. Please note that you may assert your right without retaliation.

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD
AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.