Notice of Privacy Practices

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Tidal Nutrition and Recovery, PLLC

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Effective Date: July 30, 2026

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

I. My Pledge Regarding Your Health Information

Health information about you and your care is personal, and I'm committed to protecting it. I create a record of the nutrition care and services you receive from me. I need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by this practice. It explains how I may use and disclose health information about you, describes your rights regarding that information, and describes my obligations regarding its use and disclosure. I am required by law to:

- Keep protected health information ("PHI") that identifies you private.
- Give you this Notice of my legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.

I can change the terms of this Notice, and any changes will apply to all PHI I maintain, including information created before the change. If I make a material change, the updated Notice will be available upon request and, if applicable, on my website.

II. How I May Use and Disclose Health Information About You

The categories below describe the different ways I use and disclose health information. Not every possible use or disclosure is listed, but everything I do falls within one of these categories.

For Treatment, Payment, or Health Care Operations

Federal privacy rules allow a health care provider with a direct treatment relationship to use or disclose PHI, without written authorization, to carry out that provider's own treatment, payment, or health care operations. I may also disclose your PHI for the treatment activities of another health care provider — for example, if I consult with your therapist or physician about your care, or make a referral. Disclosures for treatment purposes are not limited to the "minimum necessary" standard, because other providers need full and complete information to coordinate quality care.

Business Associates

I work with outside companies that help me run my practice — for example, SimplePractice, which serves as my electronic health record, telehealth, billing, and scheduling platform. When these "business associates" need access to your PHI to perform services for me, I require them to appropriately safeguard your information through a written agreement, as required by law.

Lawsuits and Disputes

If you're involved in a lawsuit, I may disclose health information in response to a court or administrative order. I may also disclose it in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if reasonable efforts have been made to notify you or to obtain an order protecting the information.

III. Certain Uses and Disclosures Require Your Written Authorization

- For any use or disclosure not described in this Notice, I will ask for your written authorization. If you provide authorization, you may revoke it at any time, in writing, except to the extent I have already acted based on it.
- Marketing. I will not use or disclose your PHI for marketing purposes without your authorization.
- Sale of PHI. I will not sell your PHI.

IV. Certain Uses and Disclosures Do Not Require Your Authorization

Subject to certain limitations in the law, I can use and disclose your PHI without authorization for the following reasons:

- When required by state or federal law, limited to what that law requires.
- For public health activities, including reporting suspected abuse, neglect, or exploitation when required by law, or to prevent or reduce a serious threat to someone's health or safety.
- For health oversight activities, including audits and investigations.
- For judicial and administrative proceedings, including responding to a court or administrative order, though my preference is to obtain your authorization first when possible.
- For law enforcement purposes, including reporting crimes occurring on my premises.
- To coroners or medical examiners performing duties authorized by law.
- For research purposes, subject to applicable legal protections.
- For specialized government functions specified under federal law (for example, certain military, intelligence, or correctional-institution functions), where applicable.
- For workers' compensation purposes, to the extent required to comply with those laws, though my preference is to obtain your authorization first when possible.
- For appointment reminders and to tell you about treatment alternatives or other health services or benefits I offer.

V. Certain Disclosures Give You the Opportunity to Object

I may share your PHI with a family member, friend, or other person you indicate is involved in your care or its payment, unless you object in whole or in part. In an emergency, I may make this disclosure and obtain your agreement afterward, if possible.

VI. Your Rights Regarding Your PHI

- Right to Request Limits. You may ask me not to use or disclose certain PHI for treatment, payment, or health care operations. I'm not required to agree, and may decline if I believe it would affect your care.
- Right to Request Restrictions for Self-Pay Services. If you pay out-of-pocket in full for a specific item or service, you may ask that I not disclose PHI about it to your health plan.
- Right to Choose How I Contact You. You may ask me to contact you in a specific way or at a different address, and I will accommodate all reasonable requests.
- Right to Access and Copy Your PHI. You may request access to and a copy of your health information, except where access is limited by law. I will respond within the timeframes required by applicable law and may charge a reasonable, cost-based fee where permitted.
- Right to an Accounting of Disclosures. You may request a list of disclosures I've made for purposes other than treatment, payment, or health care operations, or those covered by your authorization. I will respond within 60 days, covering up to six years unless you request a shorter period. The first request in a 12-month period is free; I may charge a reasonable fee for additional requests.
- Right to Request Corrections. If you believe your PHI is incorrect or incomplete, you may ask me to correct or add to it. I may decline, but I will explain why in writing within 60 days.
- Right to a Paper or Electronic Copy of This Notice. You may request a paper copy at any time, even if you've agreed to receive it electronically.
- Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with me using the contact information below, or with the U.S. Department of Health and Human Services, Office for Civil Rights (current contact information is available at hhs.gov/ocr). I will not retaliate against you in any way for filing a complaint.

VII. Questions or Complaints — Contact Information

If you have questions about this Notice, or would like to exercise any right described above, please contact:

Lindsay Jarger, MBA, RDN, LDN

Tidal Nutrition and Recovery, PLLC

Email: lindsay@tidalnutritionandrecovery.com

Phone: 224-285-7029

VIII. Telehealth and Electronic Communication

My practice is primarily telehealth-based. Privacy and security risks specific to video sessions — including technology failures, platform security, and who else may be present during a session — are addressed in my separate Telehealth Informed Consent. Sessions are conducted through SimplePractice's telehealth platform. On occasions when I offer an in-person session (specifically, meal support or exposure-based sessions conducted in a community setting such as a restaurant or grocery store), privacy considerations specific to that setting are addressed in a separate In-Person Session Addendum. My Communication Policy explains how I handle email, text messages, and patient portal messages, including the limits of confidentiality for those channels. Please review all applicable documents; ask me if you have not received copies.