Notice of Privacy Practices

Effective Date: August 12, 2026

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

Niesen Psychotherapy LLC is committed to protecting the privacy and security of your protected health information (PHI). This Notice explains your privacy rights, how your information may be used or disclosed, and our responsibilities under applicable privacy laws.

Your Rights

You have rights regarding your health information. You may request access to or copies of your records; ask us to correct information you believe is incorrect or incomplete; request reasonable confidential communications; ask us to limit certain uses or disclosures; request an accounting of certain disclosures; receive a paper or electronic copy of this Notice; and authorize a legally recognized representative to exercise rights on your behalf.

You may also file a complaint if you believe your privacy rights have been violated. Niesen Psychotherapy LLC will not retaliate against you for exercising your rights or filing a complaint. Some rights are subject to limitations or exceptions under applicable law, and we will explain those when relevant.

Your Choices

For certain health information, you may tell us your preferences about what we share, including appropriate communication with family members, friends, or others involved in your care. When written authorization is required by law, we will obtain it before using or disclosing your information.

Your written authorization is generally required for most uses and disclosures of psychotherapy notes, most marketing activities, the sale of PHI, and other uses or disclosures not otherwise permitted by law. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

How We May Use and Share Information

We may use or disclose PHI without your written authorization when permitted or required by law. This may include:

- Treatment: providing and coordinating your care and, when permitted, communicating with other professionals involved in treatment.
- Payment: collecting payment for services or providing documentation requested by you for reimbursement purposes.
- Health Care Operations: operating the practice, maintaining quality of care, conducting appropriate professional consultation, performing administrative activities, and meeting legal or professional obligations.
- Public Health and Safety: making disclosures permitted or required for public health or safety purposes, including certain reports of abuse or neglect or responses to serious threats to health or safety.
- Compliance With Law and Health Oversight: responding to requirements of federal, state, or local law and authorized oversight activities such as audits, investigations, inspections, or licensure matters.
- Legal Proceedings: responding to certain court orders or other lawful legal processes when disclosure is permitted or required by law, while taking reasonable steps to protect confidential information as applicable.
- Other Permitted Purposes: disclosures authorized by law for workers' compensation, certain government functions, medical examiners, funeral directors, or similar legally permitted purposes.
- Other uses and disclosures not described in this Notice generally require your written authorization.

Specially Protected Information

Psychotherapy Notes: When Niesen Psychotherapy LLC maintains information that meets the legal definition of psychotherapy notes, those notes receive additional protection under federal law. Written authorization generally is required before psychotherapy notes are used or disclosed except in circumstances specifically permitted by law.

Substance Use Disorder Records: Certain substance use disorder (SUD) patient records may receive additional protection under federal law, including 42 CFR Part 2. To the extent Niesen Psychotherapy LLC creates, receives, or maintains Part 2-protected records, those records will be used and disclosed in accordance with applicable federal requirements. Part 2-protected records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without written consent or legal process that satisfies applicable requirements.

Our Responsibilities

Niesen Psychotherapy LLC is required by law to maintain the privacy and security of your PHI and to follow the privacy practices described in the Notice currently in effect. We will notify you as required by law if a breach occurs that may have compromised the privacy or security of your information.

We will not use or disclose your information other than as described in this Notice unless you authorize us in writing or another use or disclosure is permitted or required by law.

Changes to This Notice

Niesen Psychotherapy LLC may change the terms of this Notice and may make a revised Notice effective for health information already maintained by the practice as well as information received in the future. The current Notice will be available upon request, at the practice, and through the Niesen Psychotherapy website when applicable.

Questions, Requests, or Privacy Complaints

Privacy Officer: Maggie Niesen, MA, IMFT
Marriage & Family Therapist
Niesen Psychotherapy LLC
5076 Wooster Pike, Suite 15
Cincinnati, OH 45226
Phone: (513) 450-4265
Email: maggie@niesenpsychotherapy.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Information about filing a HIPAA privacy complaint is available at https://www.hhs.gov/hipaa/filing-a-complaint. Niesen Psychotherapy LLC will not retaliate against you for filing a complaint.

Acknowledgment of Receipt

By signing below, I acknowledge that I have received or been provided access to the Niesen Psychotherapy LLC Notice of Privacy Practices. Signing this acknowledgment confirms receipt of the Notice; it does not mean that I agree to any special use or disclosure of my health information.

Client Name: _____

Client Signature: _____ Date: _____

Parent/Legal Guardian, if applicable: _____

Signature: _____ Date: _____