



Notice of Privacy Practices

This notice explains how your health information may be used and disclosed, as well as how you can access this information. Please review it carefully.

Our Commitment to Your Privacy

Family First Therapy understands that your health information is personal and is committed to protecting your privacy. As part of providing professional services, we maintain records related to the care and services you receive. These records help support treatment, coordination of care, and compliance with legal and ethical requirements.

This notice applies to records created and maintained by Family First Therapy regarding your treatment and care. We are required by law to:

- Maintain the privacy and security of your protected health information ("PHI")
- Provide you with this Notice of Privacy Practices
- Follow the terms currently in effect within this notice
- Notify you in the event of a breach involving unsecured protected health information when required by law

Family First Therapy reserves the right to update or revise this notice at any time. Updated versions will be available upon request and through the practice website.

How Your Information May Be Used & Disclosed

Treatment, Payment, & Healthcare Operations

Your health information may be used or disclosed for purposes related to treatment, payment, and healthcare operations. This may include:

- Providing therapy services and coordinating care
- Consulting with other healthcare professionals when appropriate
- Billing and payment processing
- Administrative and operational functions necessary to run the practice

For example, therapists may occasionally consult with other licensed healthcare professionals in support of treatment quality and clinical decision-making. Whenever possible, identifying information is minimized or omitted during consultation.

Federal privacy regulations allow healthcare providers involved in your care to use or disclose protected health information for treatment-related purposes without requiring written authorization in certain situations.

Lawsuits & Legal Proceedings

If you become involved in legal proceedings, your health information may be disclosed in response to a valid court order, subpoena, or other lawful legal process when required by law.

Whenever appropriate and legally permissible, reasonable efforts will be made to notify you before information is released.

Uses & Disclosures Requiring Authorization

Certain uses and disclosures of your protected health information require your written authorization.

Psychotherapy Notes

Psychotherapy notes receive additional legal protection under federal law. Family First Therapy will not disclose psychotherapy notes without written authorization except in limited situations permitted or required by law, including:

- Use within the practice for treatment purposes
 - Training or supervision of mental health professionals
 - Defense in legal proceedings initiated by the client
 - Compliance investigations conducted by the Department of Health & Human Services
 - Situations involving serious threats to health or safety
 - Certain legally required oversight activities
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Marketing

By signing or checking the acknowledgment below, you confirm that you have received and reviewed the Informed Consent for Family First Therapy.

Sale of Information

Family First Therapy does not sell protected health information.

Uses & Disclosures NOT Requiring Authorization

In certain situations, protected health information may be used or disclosed without written authorization when permitted or required by law. Examples include:

- Reporting suspected abuse, neglect, or exploitation
 - Preventing or reducing serious threats to health or safety
 - Health oversight activities, audits, or investigations
 - Judicial or administrative proceedings
 - Law enforcement purposes when legally required
 - Coroners or medical examiners performing authorized duties
 - Workers' compensation claims
 - Certain government or national security functions
 - Appointment reminders or information related to treatment options or services
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Disclosures to Family Members or Others

With appropriate permission or when otherwise permitted by law, information relevant to your care or payment for care may be shared with family members, guardians, or others involved in your treatment.

In emergency situations, professional judgment may be used when determining whether disclosure is appropriate.

Your Rights Regarding Your Information

You have the following rights regarding your protected health information:

Right to Request Restrictions

You may request restrictions on certain uses or disclosures of your information. While requests will be considered carefully, not all requests can be guaranteed if they interfere with appropriate care or legal obligations.

Right to Confidential Communication

You may request that communication occur in a specific way or at a specific location, and reasonable requests will generally be accommodated.

Right to Access Records

You have the right to request access to your records and obtain electronic or paper copies of your information, with the exception of psychotherapy notes and certain legally protected information.

Reasonable administrative fees may apply where permitted by law.

Right to Request Corrections

If you believe information in your records is incomplete or inaccurate, you may request a correction or amendment. Requests may be denied in certain circumstances permitted by law, though written explanations will be provided when applicable.

Right to Receive an Accounting of Disclosures

You may request a list of certain disclosures made outside of treatment, payment, or healthcare operations.

Right to Receive a Copy of This Notice

You have the right to receive a paper or electronic copy of this notice at any time, even if you previously agreed to receive it electronically.

Questions or Concerns

If you have questions about this notice or concerns regarding privacy practices, please contact Family First Therapy directly.

Effective Date of This Notice

NOTICE May 9, 2026

Acknowledgement of Receipt

By signing or checking the acknowledgment below, you confirm that you have received and reviewed the Notice of Privacy Practices for Family First Therapy.