

# Families First Therapy, LLC

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## **NOTICE OF PRIVACY PRACTICES**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health of 2009 (HITECH), the Omnibus Rule of 2013, and other revisions to these laws, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.* This document is based upon the Notice of Privacy Practices at <http://www.hhs.gov/>.

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of my responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical records and other health information I have about you. Ask me how to do this. I will provide a copy or a summary of your health information, usually within 30 days of your request. I may charge a reasonable, cost-based fee. Your right to inspect or obtain a copy of your medical record includes patient medical records and billing records but does not include psychotherapy notes, as provided for in 45 CFR § 164.524.
- **Ask me to correct your medical record.** You can ask me to correct health information about you that you think is incorrect or incomplete. Ask me how to do this. I may say “no” to your request, but I’ll tell you in writing within 60 days. I may deny your request if you ask us to amend information that is in my opinion (a) accurate and complete; (b) not part of the patient information kept by my practice; (c) not part of the patient information which you would be permitted to inspect or copy, or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information
- **Request Confidential Communications.** You can ask me to contact you in a specific way (for example, home or office phone) or to send mail to a different address. I will say “yes” to all reasonable requests.
- **Ask me to limit what we use or share.** You can ask me not to use or share certain health information for treatment, payment, or my operations. I am not required to agree to your request, and I may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask me not to share that information for the purpose of payment of our operations with your health insurer. I will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom I’ve shared information.** You can ask for a list of the times I’ve shared your health information for six years prior to the date you ask, who I shared it with, and why. I will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). I’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **File a complaint if you feel your rights are violated.** You can complain if you feel I have violated your rights by contacting me using the information at the top of this page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You can also file a complaint with the New Mexico Counseling and Therapy Practice Board by sending a letter to New Mexico Counseling and Therapy Practice Board PO BOX 25101 Santa Fe, NM 87504, calling 1-505-476-4622, or emailing [counselingboard@state.nm.us](mailto:counselingboard@state.nm.us). Finally you may also notify your insurance company (when applicable) of your grievance. I prefer for you to address your complaint directly to me; however I will not retaliate against you for filing a complaint.
- **Adolescents.** If you are an adolescent between the ages of 14 and 18, the same general rules apply as those with adults. Disclosure of information about you to your school or other professionals will generally be done only with your written consent as well as that of your parent(s). However, information may be disclosed about you to your parents without your consent, if, in the opinion of your mental health professional, the disclosure is deemed to be in your best interest.

### **YOUR CHOICES**

**For certain health information, you can tell me your choices about what I share.** If you have a clear preference for how I share your information in the situations described below, talk to me. Tell me what you want me to do, and I will follow your instructions. I will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your health information may be revoked at any time in writing.

- **In these cases, you have both the right and choice to tell me to:**
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory; however we do not keep a hospital directory
  - Contact you for fundraising efforts; however Families First Therapy, LLC does not fundraise.
- **Right to Provide an Authorization for Other Uses and Disclosures:**

*If you are not able to tell me your preference, for example if you are unconscious, I may go ahead and share your information if I believe it is in your best interest. I may also share your information when needed to lessen a serious and imminent threat to health or safety.*

### **MY USES AND DISCLOSURES**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

- **Treat you.** I can use your health information and share it with other Families First Therapy, LLC professionals who are treating you, to communicate with other health professionals concerning your care with your explicit consent, to plan your care and treatment, to reach a diagnosis, and to document services for payment and reimbursement.
- **Run our organization.** I can use and share your health information to run my practice, improve your care, and contact you when necessary.
- **Bill for your services.** I can use and share your health information to bill and get payment from health plans or other entities.

**How else can we use or share your health information?** I am allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. I have to meet many conditions in the law before I can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

- **Health with public health and safety issues.** I can share health information about you for certain situations such as: preventing disease, helping with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety. I am a mandated reporter, which means I am required by law to report child abuse or neglect and elder abuse or neglect to public health authorities.
- **Do research.** I can use or share your information for health research. However Families First Therapy, LLC does not participate in health research at this time.
- **Comply with the law.** I will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see if we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests.** I can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director.** I can use or share health information about you: for workers compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services. I may disclose your health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

- **Respond to lawsuits and legal actions.** I can share health information about you in a response to a court or administrative order, or in response to a subpoena or discovery process. I will make an effort to inform you of the request or to obtain an order protecting the information the party has requested.

#### **MY RESPONSIBILITIES**

- I am required by law to maintain the privacy and security of your protected health information.
- I will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- I must follow the duties and privacy practices described in this notice and give you a copy of it.
- I will not use or share your information other than as described here unless you tell me I can in writing. If you tell me I can, you may change your mind at any time. Let me know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

#### **Changes to the Terms of this Notice**

I can change the terms of this notice, and the changes will apply to all information I have about you. The new notice will be available upon request, in my office, and on my web site.

#### **This notice of Privacy Practices applies to the following organizations.**

Nancy Smith (Telephone - 505-342-2149; Address - 1387 Wagon Train Dr SE Albuquerque, NM 87123)  
 Hush Communications Canada Inc. (Telephone - 877-533-4874; Address - Suite 1177 1100 Melville Street Box 27 Vancouver, BC Canada V6E 4A6)  
 Square, Inc. (Telephone – 855-700-6000; Address - 1455 Market St. Suite 600 San Francisco, CA 94103)  
 Breakthrough, Inc. / MDLive (Telephone - 888-282-2522; Address - 702 Marshall Street Suite 340 Redwood City, CA 94063)  
 Scrypt, Inc. (Telephone – 888-447-3707; Address - 2050 North Capital of Texas Hwy Suite iii-250, Austin, TX 78759)  
 The Gottman Institute, Inc. (Telephone - 888-523-9042; Address - 1401 East Jefferson Street, Suite 501 Seattle, WA 98122)  
 My Clients Plus, LLC (Telephone - 877-820-4153; Address - 8508 W. Gage Blvd Ste B101 Kennewick, WA 99336)  
 Office Ally (Telephone - 360-972-7000; Address - PO BOX 872020 Vancouver, WA 98687)  
 Change Healthcare / Emdeon / Alegeus (Telephone 615-932-3000; Address - 3055 Lebanon Rd. Nashville, TN 37214)  
 Availity, LLC (Telephone 877-732-5633; Address - P.O. Box 550857 Jacksonville, FL 32255-0857)

Effective 06/04/2017

### **INFORMED CONSENT**

This document is intended to inform you of my policies, information about treatment, and about my practice. If you have other questions or concerns, please ask and I will try our best to give you all the information you need.

- **Counselor Education and Professional Experience.** I received my Bachelor of Arts degree in Religion and my Master of Arts degree in Clinical Psychology. I am licensed in the state of New Mexico as a Clinical Mental Health Counselor (LPCC # 0144871). I have received additional professional training in anger management, addiction, ethics, Gottman method couples counseling, LGBTQ concerns, EMDR, and more.
- **Treatment Modalities.** I seek to tailor treatment to you specifically. To do this I draw on an eclectic array of treatment modalities including CBT, TF-CBT, EMDR, Psychodynamic, Emotion-Focused, Psychoeducation, Bibliotherapy, Gottman method, CRA, CRAFT, ACRA, MET, Parent Education, Skill building, Anger Management, and Attachment-Focused models.
- **In case of Emergency.** If you need to get in contact with me due to a crisis, please call me, (505) 504-5449. If I do not answer, please contact a crisis line (Call 800-273-8255, Call 505-277-3013, or text "HOME" to 741741), call 911, or go immediately to the nearest Emergency Room. Please DO NOT text message, email, or contact me electronically when in a crisis because I am not able to respond promptly by these mediums.
- **Electronic Communications.** *Email, text messaging, and other electronic communications are not secure mediums and therefore, confidentiality cannot be assured. Please use discretion when sending information that is sensitive in nature.* Out of session electronic communications may only to be used for appointment scheduling. Conversations other than for scheduling appointments may incur additional fees and compromise your confidentiality. When electronic messages are sensitive in nature, I will not typically respond to them unless a predetermined safe word is used to guarantee that I am talking to you. If no such safe word is utilized, then I may be unable to respond to your message. I will not respond to your message except during posted business hours and when I am not in session.
- **In Case of the death of a client.** When a client dies, the next of kin takes over that client's confidentiality rights. If the next of kin requests records, documentation proving that they are next of kin will be needed prior to records being released.

### **ADDITIONAL PRIVACY POLICIES AND CANCELLATION POLICY**

Along with keeping information in writing, I may also keep information on my computer and on other electronic devices. *Please note that all electronic communications are a part of the clinical records I retain for you and copies will be in your file.* I protect your privacy by:

- Abiding by the stipulations regarding **confidentiality** as contained in the applicable laws of my mental health profession and the ethical guidelines of my professional organizations—the American Counseling Association and the New Mexico Counseling Association.
- Keeping all **physical records** in locked file cabinet, in a locked office, and in a locked and secured building.
- Keeping all electronic records on **secured and encrypted computers** with updated firewall and antivirus or on a **secured cell phone** with a remote disable option and minimum of 12 alphanumeric character passphrase for all device passwords. Additionally securing these devices with VPN.
- **Destroying all records** confidentially 7 years after the date of discharge, per state and federal guidelines and regulations.
- **Encrypting all email** communications through Hushmail and additionally locking all email containing ePHI documents such as invoices.
- **Social Media Policy:** Protecting your confidentiality on any **social media** websites by actively avoiding any contact on these sites. When that is not possible, I will not respond to any communications on such sites. This is due to any communication via social media representing a potential violation of your confidentiality. If you choose associate yourself (like, follow) with my social media websites, please be aware that you will lose a degree of confidentiality. Any personal sites are strictly private and hidden to the degree possible.
- If you have any concerns about privacy, please feel free to contact the Families First Therapy designated **HIPAA Privacy Officer**, Stephen Ratcliff in person or via the following: Telephone (505) 504-5449; Fax (844) 840-7345; Email [steve@familiesfirsttherapy.org](mailto:steve@familiesfirsttherapy.org); Mailing Address: PO BOX 35937 Albuquerque, NM 87176; or in person at your next appointment.
- **CANCELLATION POLICY.** If you are unable to attend your scheduled therapy appointment, you must first notify me by email or at 505-504-5449 (text or voicemail) 24 hours in advance of your appointment. If you do not call to cancel or reschedule your appointment 24 hours in advance, this will be considered a **no-show** and will incur a subsequent fee not payable by your insurance company (**\$20 plus tax** for clients with Medicaid and **\$50 plus tax** for all other clients). If you miss your scheduled appointment, it is your responsibility to call to set up subsequent appointments. Failure to cancel with 24-hour prior notice *may* result in you losing your preferred time slot. If you break off contact, I will take this as communication that you no longer wish to receive services.