

Family First Health Notice of Privacy Practices – effective 03/09/2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR HEALTH INFORMATION. IN CASES WHERE STATE LAW IS MORE RESTRICTIVE THAN THE FEDERAL PRIVACY REGULATIONS, FAMILY FIRST HEALTH WILL COMPLY WITH STATE LAW. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have questions about this Notice, you may contact the Family First Health Privacy Office at privacy@FamilyFirstHealth.org.

OUR DUTY TO PROTECT YOUR HEALTH INFORMATION

The entire Family First Health team is committed to protecting your health information. All Family First Health physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients within a Family First Health facility follow the terms of this notice. In addition, the Family First Health team may use and share health information with each other as well as others for treatment, payment or healthcare operation purposes as well as purposes authorized by you, permitted by law, or otherwise described in this notice. To obtain a listing of all Family First Health facilities and their locations, please go to www.FamilyFirstHealth.org.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you are treated at a Family First Health facility, a record of the care and services you receive is created and maintained by Family First Health. This record also includes health information that may be received from other providers and medical facilities that are not part of Family First Health. All information used to provide care to you, is referred to as your health or medical record. This record contains information that identifies you and relates to your health or condition, your health care services, or payment for those services.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the private property of the healthcare practitioner or facility that compiled it, the information belongs to you.

Restriction On Use and Disclosure of Your PHI:

You can request a restriction or limitation on certain uses and disclosures of your information for treatment, payment, and health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate such as a restriction to a health care plan when you choose to pay out of pocket in full for health care services associated with a specific visit.

Access to Your PHI:

You can readily access much of your PHI without charge using the patient portal. You may also access and obtain copies of your PHI by contacting Family First Health Release of Information. Associated fees set by federal and state law may apply for processing copies. Visit www.FamilyFirstHealth.org for further information.

Amendments to Your PHI:

You can submit a request to change your medical record using the patient portal or by contacting the privacy office at privacy@FamilyFirstHealth.org.

Accounting of Disclosures of Your PHI:

You can obtain an accounting of disclosures of your medical records made by Family First Health to other individuals or entities in accordance with applicable law.

Confidential Communications:

You can request to receive confidential communications involving your protected health information by other reasonable means (such as secure email, faxing, or certified mail) or at alternative locations (other than home address).

Obtain a Paper Copy of Notice:

You can obtain a paper copy of this notice upon request when receiving treatment. This Notice is also available on our website at www.FamilyFirstHealth.org.

Breach Notification:

In the event a breach of your health information occurs you will be provided with written notification no later than 60 days after we discover the breach.

Request Non-Participation in a Health Information Exchange (HIE) (which is further explained below):

Patients may opt-out of some of these electronic sharing initiatives. We will use reasonable efforts to limit the sharing of PHI in electronic sharing initiatives for patients who have opted-out. If you wish to opt-out, or have questions related to HIEs please contact Family First Health Health's Privacy Office by email at privacy@FamilyFirstHealth.org.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION**Treatment:**

We may use health information about you to provide you with treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical and clinical students, or other healthcare personnel who are involved in your care within Family First Health. We also may disclose health information about you to people outside Family First Health who may be involved in the coordination of your care such as family members or other providers of health care services.

Payment:

We may use and disclose health information about you so that the treatment and services you received at Family First Health may be billed, and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations:

We may use and disclose your health information for operational reasons to evaluate the treatment and services provided to you, or to review staff performance. We may also combine medical information about many Family First Health patients to evaluate current services, decide what additional services Family First Health should offer, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical or clinical students and other Family First Health personnel for review and learning purposes.

Business Associates:

We may also disclose information to business associates who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If such disclosures occur, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others can use it to study health care and health care delivery without learning who the specific patients are.

Fundraising:

We may use and disclose limited information as necessary to contact you for fundraising activities on behalf of Family First Health, its Foundations, and charitable programs. You have the right to opt out of receiving fundraising communications. If we do contact you, the communications you receive will have instructions on how to opt-out.

Individuals Involved in Your Care or Payment for Your Care.

We may release information about you to family members, personal representatives, close personal friends, or any other person(s) you identify. This medical information will be relevant to that person's involvement in your care or payment related to your care.

Research:

We may use and share your health information for research purposes. Many research studies where your health information will be used and disclosed can only be done with your written permission

Health Information Exchanges:

Generally, an HIE is an organization that regional health care providers participate in to exchange patient information to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. The HIE allows patient health information to be shared among authorized health care providers (such as health systems, hospitals, physician offices and labs) and health information organizations for Treatment, Payment and Operations (TPO) purposes. The HIE is a secure electronic system designed according to nationally recognized standards, and in accordance with federal and state laws that protect the privacy and security of the information being exchanged. Patient health information shall be available to authorized health care providers through the HIE unless the patient declines to participate, or 'opts-out' by completing a Health Information Exchange Patient Opt-Out Form.

Other Uses and Disclosures.

We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI:

- for any purpose required by law
- for public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls
- to government agencies if we suspect child/elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse, neglect or domestic violence
- to a government oversight agency conducting audits, investigations, inspections and related oversight functions
- in emergencies, such as to prevent a serious and imminent threat to a person or the public
- if required by a court or administrative order, subpoena or discovery request
- for law enforcement purposes, including to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime
- to coroners, medical examiners and funeral directors
- if necessary to arrange organ or tissue donation or transplant
- for national security, intelligence, or protective services activities
- for purposes related to your workers' compensation benefits

USES AND DISCLOSURES FOR WHICH YOUR AUTHORIZATION IS REQUIRED

Except for the general uses and disclosures and special situations described above, we will not use or disclose your protected health information for any other purposes unless you provide a written authorization. You may revoke an authorization in writing, except to the extent we have already relied or acted upon it.

Under federal law the following uses and disclosures require a valid authorization:

Psychotherapy Notes

- Exception: The provider who wrote the note may use it for treatment; for training programs involving students, trainees or providers and in defense of legal action or other proceeding brought by the individual against Family First Health.

Other Sensitive Records

The confidentiality of mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing the disclosure is allowed by a court order, or in other limited, regulated circumstances.

Substance Use Disorder Records and Substance Use Disorder Counseling Notes

For specific information regarding uses and disclosures of your Substance Use Disorder Records, please see the section below entitled **Notice of Privacy Practices for Family First Health Part 2 Programs**.

Marketing

- Exception: If the communication is in the form of a face-to-face communication between the individual and Family First Health; or a promotional gift of nominal value from Family First Health to the individual

Sale of Protected Health Information (PHI)

We will not sell your PHI without your written authorization.

Notice of Privacy Practices for Family First Health Part 2 Programs

If you receive treatment from Family First Health for substance use disorder and are enrolled in a substance use disorder treatment program offered by Family First Health, the health information these programs create is protected by the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records listed in 42 CFR Part 2 ("Part 2"). Part 2 requires Family First Health to maintain the privacy of your records, to outline our privacy practices with respect to your substance use records, and to notify you of any breach of your unsecured substance use disorder records.

We will make any use and/or disclosure of your substance use disorder records in accordance with this Notice of Privacy Practices and will not use or disclose your records for any reason not described in this Notice without your written consent.

In general, as a patient of a substance use disorder program, Family First Health may only use or disclose your substance use disorder records with your written consent. However, Part 2 permits us to disclose your substance use disorder records without your written consent only in the limited circumstances described below.

Permitted Uses & Disclosures of Substance Use Disorder Records Without Consent

- **Medical Emergency:** We may use or disclose your substance use disorder records with health care providers when it is necessary to meet a bona fide medical emergency and your prior written consent cannot be obtained, or when your health may be threatened by an error in the manufacture, labeling, or sale of a product under the control of the United States Food and Drug Administration ("FDA").
- **Court Order with Compulsory Process:** We may disclose your substance use disorder records in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the use or disclosure.
- **Research:** We may use or disclose your substance use disorder records for research purposes if it is determined that one or any combination of the following is true:
 - The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or
 - The research is conducted in accordance with the Department of Health and Human Subjects policy on the protection of human subjects research (45 CFR Part 46); or

- The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).
- **Audit & Evaluation Activities:** We may use and/or disclose your substance use disorder records for auditing or evaluation activities that are performed on behalf of: any federal, state or local government; any third-party payer or health plan that provides insurance coverage to patients in a Family First Health Part 2 program; a quality improvement organization or their contractors; or any entity with direct administrative control over a Family First Health Part 2 program. These disclosures must be made in accordance with the requirements of 42 CFR Part 2, Subpart D.
- **Public Health:** We may disclose your de-identified substance abuse disorder records for public health purposes to a public health authority pursuant to 42 CFR Part 2, Subpart D.
- **Commission of Crime:** We may disclose your substance use disorder records to law enforcement if your records are related to your commission of a crime on Family First Health property, against a Family First Health employee, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.
- **Child Abuse/Neglect:** We may disclose your substance use disorder records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, we may not disclose your substance use disorder records as part of any civil or criminal proceeding against you that may arise from report of suspected child abuse or neglect.

Uses and Disclosures With Consent

In addition to the uses and disclosures above, we may only use or disclose your substance use disorder records with your written consent for the purposes described below:

- **In Accordance with Consent:** We may use and/or disclose your substance use disorder records to a person or class of persons you identify or designate in your written consent, so long as the consent doesn't obligate us to disclose your records to persons within the criminal justice system and central registries who do not have a need for the information. For example, a consent may authorize us to disclose your substance use disorder records to a family member or a friend.
- **Treatment, Payment, or Healthcare Operations:** We may use and/or disclose your substance use disorder records for treatment, payment, or health care operations purposes, in the same manner as described with regards to your protected health information. When your substance use disorder records are disclosed to another Part 2 program, covered entity, or business associate pursuant to your written consent, they may be further disclosed by that Part 2 program, covered entity, or business associate, without your written consent as allowed in the section above regarding your rights with respect to your protected health information. In addition, to reduce the number of consent forms you must sign, you may choose to provide a single consent for all future uses and/or disclosures of your substance use disorder records that we may make for treatment, payment or healthcare operations purposes.
- **Civil, Criminal, Administrative Proceedings:** SUD treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.
 - With your consent or pursuant to a court order, we may use and/or disclose your substance use disorder records in connection with any civil, criminal, or administrative proceeding brought against you. Any consent to use and/or disclose substance use disorder records in a civil, criminal or administrative proceeding may not be combined with a consent for any other purpose.
 - Your records shall only be used or disclosed based on a court order after notice and opportunity to object is provided to the patient or the holder of the records; and
 - A court order authorizing the use or disclosure must be accompanied by a subpoena or similar order compelling the disclosure before your substance use disorder records may be used or disclosed.
- **Substance Use Disorder Counseling Notes:** Substance use disorder counseling notes are notes recorded by a substance use disorder provider or mental health professional that document or analyze the content of a conversation with you, whether during a private conversation or a group, joint, or family substance use disorder

counseling session. These notes are kept separate from your medical record. We may not use and/or disclose substance use disorder counseling notes without your written consent except in the following circumstances:

- Use by the substance use disorder provider or mental health professional who created the counseling notes for your treatment;
- Use or disclosure by Family First Health for our own training programs in which students, trainees, or practitioners in substance use disorder treatment or mental health learn under supervision to practice or improve their skills in group, joint, family or individual substance use disorder counseling;
- Use or disclosure by Family First Health to defend itself in a legal action or other proceeding brought against it by you;
- Pursuant to a valid court order authorized by 42 CFR Part 2.

Patient Rights

We are fully committed to ensuring you are aware of your rights regarding your records. As a patient of a Family First Health Part 2 Program, you have the following rights:

- A. The right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in 42 CFR § 2.26.
- B. The right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner as 45 CFR § 164.522 applies to disclosures of protected health information.
- C. The right to an accounting of disclosures of electronic substance use disorder records for the past 3 years, as provided in 42 CFR § 2.25.
- D. The right to a list of disclosures by an intermediary for the past 3 years as provided in 42 CFR § 2.24.
- E. The right to obtain a paper or electronic copy of this Notice of Privacy Practices upon request.
- F. The right to discuss this Notice of Privacy Practices with the Family First Health Privacy Officer or his or her designee.
- G. The right to elect not to receive fundraising communications. Additionally, Family First Health may use and/or disclose your substance use disorder records for its own Part 2 programs fundraising purposes only with your consent and only if you are provided a clear opportunity to elect not to receive fundraising communications.
- H. You have the right to revoke your written consent except to the extent that we have already relied upon your consent and used and/or disclosed your substance use disorder records.

VIOLATION OF PRIVACY RIGHTS

- In the event that a breach of your health information occurs at Family First Health or one of its Business Associates, you will be provided with written notification no later than 60 days after Family First Health discovers the breach.
- If you have questions or concerns and would like additional information, you may contact the Family First Health Privacy Office privacy@FamilyFirstHealth.org

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Family First Health Privacy Office privacy@FamilyFirstHealth.org

You can also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights at the following hhs.gov/ocr/office/file/index.html

U.S. Department of Health and Human Services
200 Independence Ave.
SW Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019
TDD: 800-537-7697

A complaint will not in any way affect the quality of care we provide you.

CHANGES TO THIS NOTICE

We reserve the right to change our practices and to make new provisions effective for all health information we maintain. Should our information practices change, notification will be provided on our website www.FamilyFirstHealth.org and at all Family First Health entity locations.

For Further Information.

If you have questions about this Notice, you may contact the Family First Health Privacy Office privacy@FamilyFirstHealth.org.

Effective Date of Notice – MARCH 2026