



Families First Therapy, LLC

231 Sierra Dr SE STE 12 Albuquerque, NM 87108

Cell (505) 504-5449

www.steveratcliff.com

steve@familiesfirsttherapy.org

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. 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 template 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. 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. 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. *If you ever leave a session mad at me, I consider it a gift for you to come back and tell me so I get another chance to repair that or make it right with you.*
- **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

- **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

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.

Ivy Pay (Email – support@talktoivy.com; Address – 185 Clara St Suite 102C San Francisco, CA 94107)
 Hush Communications Canada Inc. (Telephone - 877-533-4874; Address - Suite 1177 1100 Melville Street Box 27 Vancouver, BC Canada V6E 4A6)
 The Gottman Institute, Inc. (Telephone - 888-523-9042; Address - 1401 East Jefferson Street, Suite 501 Seattle, WA 98122)
 Doxy.me, LLC (Telephone 800-214-8509; Address – 3445 Winton Pl Suite 109 Rochester, NY 14624)
 Vsee Messenger (Telephone 650-614-1746; Address - Kimlee Drive, San Jose, California 95132)
 My Clients Plus, LLC (Telephone - 877-820-4153; Address - 8508 W. Gage Blvd Ste B101 Kennewick, WA 99336)
 JotForm (Address – 111 Pine St. # 1815 San Francisco, CA 94111)
 Avality (Telephone – 904-407-4900, 800-282-4548; Address – PO BOX 550857 Jacksonville, FL 32255-0857)

Effective 07/09/2020

INFORMED CONSENT

This document is intended to inform you about treatment, electronic communication, and my practice. Please ask me if you have any questions.

- **EDUCATION AND TRAINING:** I received my Bachelor of Arts degree in Religion and my Master of Arts degree in Clinical Psychology. I am currently studying in a doctoral program in Clinical Psychology at California Southern University. I am licensed in the state of New Mexico (LPCC # 0144871). I am a certified sex therapist through the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). I have received additional professional training in anger management, addiction, Gottman method, sexuality, couples counseling, LGBTQ+, EMDR, and more.
- **TREATMENT:** I seek to tailor treatment to you specifically. To do this I draw on an eclectic array of treatment modalities including CBT, DBT, TF-CBT, EMDR, Psychodynamic, Emotion-Focused, Attachment-Focused, Parenting, Psychoeducation, Bibliotherapy, Gottman Method, CRA, CRAFT, MET, Sex Therapy, Skill building, Anger Management, and More. All appointments, unless otherwise arranged, are 55 minutes in length.
- **ELECTRONIC COMMUNICATION:** *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 be used for appointment scheduling. Text and Email conversations other than for scheduling appointments may compromise your confidentiality and should be avoided. When electronic messages are sensitive in nature, I request that you telephone me so that I may verify your identity rather than text message this content. Otherwise 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. You may also choose to receive counseling via telehealth (via the application vsee) or in office; however not all insurance companies reimburse for telehealth.
- **PRIVACY AFTER A CLIENT’S DEATH:** 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. Discretion may be utilized by the clinician.

ADDITIONAL POLICIES AND INFORMATION

- **IN CASE OF AN 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 or 505-277-3013), 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. I will respond to messages as soon as I can; however, I **WILL NOT** respond immediate and consequently do not provide on demand crisis services.
- **HIPAA PRIVACY OFFICER:** 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; Email steve@familiesfirsttherapy.org; or in person.
- **TERMINATION:** Therapy may end at any time by you initiate, when your treatment goals are met, when no further progress is likely toward the treatment goals, when collaboratively decided together, or when a referral is more appropriate and has been made. Records are maintained for ten years past the last session or past when you turned 18, whichever is greater. After the required time has elapsed, records are destroyed.
- **ADDITIONAL PRIVACY PRACTICES:** Along with keeping information in writing, I may also keep information on a computer, cell phone, and external hard drives. *Please note that all electronic communications are a part of the clinical records and 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, VPN, and antivirus or on a **secured cell phone** with a remote disable option and minimum of 12 alphanumeric character passphrase for all device passwords.
 - **Encrypting all email** communications through Hushmail and additionally locking all email containing ePHI documents such as invoices.
- **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 (**\$25**). Reoccurring no-shows / same day cancellations (2 instances in 12 months) may result in the termination of services. If you miss your scheduled appointment, it is **your responsibility** to call to set up subsequent appointments. If you break off contact, I will take this as communication that you no longer wish to receive services.
- **SOCIAL MEDIA POLICY:** Protecting your confidentiality on any **social media** websites by actively avoiding any contact on these sites or apps. When that is not possible, I will not respond to any communications on such sites or apps. This is due to any communication via social media representing a potential violation of your confidentiality. If you choose to 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 find me on public social media or apps, I request that you do not connect with me on that medium in any manner including swiping left and avoiding contact.