Families First PEDIATRICS
Comprehensive Children's Health

Families First Pediatrics | Families First Pediatric Dentistry & Orthodontics | Families First Counseling

Effective Date: October 1, 2001
Revised: March 30, 2026

Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. This notice applies to all records of care created or maintained by Families First Pediatrics, Families First Pediatric Dentistry & Orthodontics, and Families First Counseling, and their affiliated practices. **Please review this notice carefully.**

Your Rights

You have the following rights regarding your protected health information (PHI):

Access Your Records
You have the right to inspect and obtain a copy of your paper or electronic medical record. We will provide access in the format you request (paper or electronic) when feasible.
To request access, contact our Privacy Official using the information at the end of this notice.

Request an Amendment
You may ask us to correct health information you believe is inaccurate or incomplete. We may deny your request, but we will explain why in writing within 60 days.

Request Confidential Communications
You may ask us to contact you in a specific way (e.g., home phone vs. work phone) or to send mail to a different address. We will honor all reasonable requests.

Request a Restriction
You may ask us to limit how we use or share your information for treatment, payment, or operations. We are not always required to agree. However, if you pay for a service entirely out-of-pocket, you may ask us not to share that information with your health insurer, and we will honor that request unless required by law.

Request an Accounting of Disclosures
You may request a list of instances in which we have shared your health information during the six years prior to your request, including who received it and why. Certain disclosures are excluded (e.g., for treatment, payment, or operations). We provide one accounting per year at no charge; additional requests within 12 months may incur a reasonable, cost-based fee.

Receive a Paper Copy of This Notice
You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a copy promptly.

Choose a Personal Representative
You may designate someone to act on your behalf regarding your health information. We will treat that person the same as we would treat you, subject to verification of their authority.

File a Complaint
If you believe we have violated your privacy rights, you may file a complaint with us directly or with:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W., Washington, D.C. 20201
Phone: 1-877-696-6775 | Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

Your Choices

We will NEVER share the following without your written authorization:

- Information for marketing purposes
- Psychotherapy notes
- Sale of your health information

For the following purposes, you have the right to tell us your preferences. If you do not give us your instructions, we may share your information if we believe it is in your best interest or if required by law.

Sharing With Family, Friends, or Caregivers

We may share information about your condition with family members, close friends, or others involved in your care, unless you tell us not to.

Disaster Relief

We may share your information with disaster relief organizations to coordinate emergency care.

If You Are Unable to Tell Us Your Preference

If you are unconscious or otherwise unable to communicate your preferences, we may share your information if we believe it is in your best interest, or when needed to address a serious and imminent threat to health or safety.

How we use and share your information

We use and share your protected health information in the following ways:

Treatment

We share your information with physicians, specialists, therapists, and other providers involved in your care. Example: Your pediatrician may share your child's records with a specialist or hospital.

Payment

We share your information with health plans, insurers, and billing services to obtain payment for services. Example: We submit claims to your insurance company that include diagnosis and treatment information.

Health Care Operations

We use your information to manage our practice, train staff, improve quality of care, and conduct audits. Example: We may review records to evaluate the quality of care provided.

Required by Law

We may use or share your information as required or permitted by federal and state law, including for the following purposes:

- Public health activities (e.g., reporting communicable diseases, adverse medication reactions, product recalls)
- Reporting suspected abuse, neglect, or domestic violence to authorized authorities
- Health oversight activities, audits, and inspections authorized by law
- Responding to court orders, subpoenas, or other legal proceedings
- Law enforcement purposes, as permitted by law
- Organ and tissue donation organizations
- Medical examiners, coroners, and funeral directors, following a death
- Workers' compensation and similar government programs
- Special government functions, including military, national security, and presidential protective services
- Preventing or reducing a serious threat to the health or safety of a person or the public

For more information on permitted uses and disclosures, visit:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Our Responsibilities

Families First Pediatrics, Families First Pediatric Dentistry & Orthodontics, and Families First Counseling, and their affiliated practices are required by law to:

- Maintain the privacy and security of your protected health information
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- Follow the duties and privacy practices described in this notice
- Provide you with a copy of this notice upon request

We will not use or share your information in any way not described in this notice without your written authorization. If you provide written authorization, you may revoke it at any time by notifying us in writing. Revocation will not affect uses or disclosures already made in reliance on your authorization.

Changes to this Notice

We reserve the right to change the terms of this notice at any time. Changes will apply to all health information we maintain, including records created before the change. The updated notice will be available in our offices, upon request, and on our website.

Contact Information

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