NOTICE OF PRIVACY PRACTICES

FACES OF HOPE
PO Box 2867
Boise, ID 83701
208-986-4357

Effective date of this notice: February 5, 2026

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL, MEDICAL, AND GENERAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Types of Information That This Notice Applies To

This notice applies to any information in our possession that would allow someone to identify you and learn something about you or your health. It does not apply to information that contains nothing that could reasonably be used to identify you, otherwise known as de-identified data.

Who Must Abide by This Notice

Faces of Hope employees, staff, students, volunteers, and other personnel whose work is under the direct control of Faces of Hope.

Our Legal Duties

We are required by law to protect the privacy of your health information, provide this notice about our information practices, follow the information practices that are described in this notice, seek your acknowledgement of receipt of this notice, and notify you following a breach of unsecured protected health information. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

How We May Use or Disclose Your Health Information

We may use your health information, or disclose it to others, for several reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all the specific ways we may use or disclose your information. However, any time we use your information or disclose it to someone else, it will fit one of the reasons listed below.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We follow the minimum necessary rule, which means our employees, staff, students, volunteers, and others who work under our control will only have access to information that is needed to do their job. The electronic health record system that we utilize ensures that access is only given to those who require it. Only if you authorize us to, we may share and/or access information about you in a Health Information Exchange with other behavioral and medical health providers to help support or link you to other available resources.

Payment: All services at Faces of Hope are free of charge. Therefore, we will not need to disclose your health information to obtain payment for the services we provide to you.

Health Care Operations: We may use your health information for activities that are necessary to operate this organization. This includes reading your health information, and the information of others, to review the performance of our staff or to plan what services we need to provide, expand, or reduce. We may also

provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants.

Marketing: Faces of Hope may reach out to you regarding sharing your story for the use of marketing purposes. We do not share identifiable information, and any identifiable information is changed to ensure your privacy and confidentiality. We will not share your story in any capacity without your permission.

Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

Opportunities to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgement, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare.

Emergencies: In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as reasonably possible after treatment is provided.

Communication Barriers: We may use and disclose your protected health information if your provider attempts to obtain acknowledgement from you of the Notice of Privacy Practices but is unable to do so due to the substantial communication barriers and the provider determines, using professional judgment that you would agree.

Without Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse and Neglect: to an appropriate authority to report child, elder, or vulnerable adult abuse or neglect. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

To Avert a Serious Threat: to prevent serious harm to the public or to an individual, including yourself. The disclosure will only be made to someone who is able to prevent or reduce the threat.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.

Workers Compensation: to comply with workers' compensation laws.

Compliance: to the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.

Your Rights

It is important to us that you are empowered and have choices in the services and care you receive at Faces of Hope. When we are legally required to use or disclose your health information without your written authorization, as stated in this document, we will be transparent about what and when the disclosure occurs. We will not use or disclose your health information for any other reason without your authorization. If you authorize us to use or disclose your information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the Faces of Hope Program Manager.

You have the right to:

Inspect and receive a copy of your protected health information. To ask to inspect your records, or to receive a copy, contact the Faces of Hope Program Manager. We will respond to your request within 30 days, or as required by contract. We may deny you access to certain information. If we do, we will give you the reason in writing. We will also explain how you may appeal the decision.

Request a restriction of your protected health information. You may ask us to use or disclose certain parts of your protected health information for treatment, payment, or healthcare operations. You may also request that information not be disclosed to family members or friends who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly. We cannot agree to restrict disclosures that are required by law or for treatment purposes.

Request to receive confidential communications from us by alternative means or at an alternative location. You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send mail to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will not ask you to explain why you are making the request. We will agree to any reasonable request.

Ask your provider to amend your protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your record will note the disputed information.

Receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the Faces of Hope Program Manager.

SMS Text Messaging Privacy

Information We Collect: When you opt in to receive SMS text messages from Faces of Hope, we may collect your mobile phone number and, if applicable, your name or other information you voluntarily provide through our forms or communications.

How We Use This Information: We use SMS messaging to communicate important information related to our services, programs, scheduling, updates, and organizational communications. Message frequency may vary. Message and data rates may apply.

Information Sharing: We do not sell, rent, or share personal information collected through SMS messaging with third parties or affiliates for marketing purposes. **SMS consent is not shared with third parties.** Your information may only be shared with service providers who assist us in delivering text messages and are required to protect your information and use it solely for this purpose.

Your Choices: You may opt out of SMS communications at any time by replying STOP to any message. For help, reply HELP or contact us directly.

Complaints. If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Faces of Hope Program Manager. You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services, at the Office for Civil Rights: U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

Whom to Contact

Contact the person below for more information about this notice, for more information about our privacy practices, if you want to exercise any of your rights, as listed on this notice, or if you want to request a copy of our current notice of privacy practices.

Faces of Hope Program Manager

PO Box 2867, Boise, ID 83701 or call 208-986-4357

abigail@facesofhopeidaho.org

Copies of this notice are also available at the front desk of any treatment facility of Faces of Hope. This notice is also available by e-mail. Contact the person named above or send an e-mail to: abigail@facesofhopeidaho.org. This notice is also available on our website: facesofhopeidaho.org

_____	_____	_____
Therapist Print Name	Therapist Signature	Date

A copy of this form is available to keep for your personal records:
Please initial one of the following options:
_____ Yes, I would like to receive a copy
_____ No, I do not want a copy at this time