

NOTICE OF PRIVACY PRACTICES

Effective Date: June 18, 2026

THIS NOTICE DESCRIBES HOW MEDICAL AND MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

APPLICABILITY OF THIS NOTICE

This Notice of Privacy Practices applies to Psychological Services for Families (PSFF), Counseling Services for Families Professional Corporation (CSFF), A Street Intervention Programs, Imagine Help, and all affiliated clinicians, psychologists, marriage and family therapists, clinical social workers, associates, trainees, interns, contractors, employees, volunteers, programs, and services operating under or on behalf of these organizations.

Throughout this Notice, references to "Practice," "Provider," "Organization," "We," "Us," or "Our" shall include all affiliated entities listed above unless otherwise specified.

Services covered by this Notice may include, but are not limited to:

- Individual Therapy
- Family Therapy
- Couples Therapy
- Child and Adolescent Services
- Group Therapy
- Telehealth Services
- Psychological Assessment and Testing
- Behavioral Health Services
- Case Management and Support Services
- Domestic Violence Programs
- Parenting Programs
- Anger Management Programs
- Supervised Visitation Services
- Court Ordered Programs
- Educational and Community Based Programs
- Grant Funded Services
- Prevention and Early Intervention Programs

Certain programs may have additional confidentiality, reporting, attendance, documentation, disclosure, or legal requirements imposed by law, court order, probation requirements, contracts, grant conditions, licensing agencies, funding sources, or program regulations. Such requirements shall supplement this Notice when applicable.

OUR COMMITMENT TO YOUR PRIVACY

We understand that information about your health, treatment, and personal circumstances is private. We are committed to protecting your protected health information ("PHI") in accordance with federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA), California privacy laws, and applicable professional standards.

PROTECTED HEALTH INFORMATION

Protected Health Information includes information that identifies you and relates to your physical health, mental health, treatment, payment for services, diagnosis, condition, or healthcare history.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Treatment

We may use and disclose your information to provide, coordinate, and manage your treatment and related services. This may include consultation with physicians, psychiatrists, psychologists, therapists, schools, hospitals, treatment programs, probation officers, social service agencies, and other providers involved in your care when authorized or permitted by law.

Payment

We may use and disclose information to obtain payment for services rendered. This may include insurance companies, managed care organizations, employee assistance programs, governmental programs, billing services, collection services, and other responsible payors.

Healthcare Operations

We may use your information for activities necessary to operate our practice, including quality assurance, supervision, training, auditing, accreditation, licensing, credentialing, compliance activities, business planning, administration, and risk management.

Appointment Reminders and Communications

We may contact you regarding appointments, scheduling changes, treatment related matters, billing issues, administrative matters, and service updates through telephone calls, voicemail, email, text messaging, patient portals, postal mail, and other communication methods.

BUSINESS ASSOCIATES

We may share information with third party service providers who assist us in operating our practice, including:

- Electronic Health Record providers
- Billing and payment processors
- Telehealth platforms
- Scheduling systems

- Cloud storage providers
- Technology vendors
- Consultants
- Accountants
- Attorneys
- Accreditation organizations
- Administrative support providers

These entities are required to maintain appropriate privacy and security protections.

ARTIFICIAL INTELLIGENCE AND TECHNOLOGY ASSISTED SERVICES

The Practice may utilize secure HIPAA compliant technologies, including artificial intelligence assisted documentation systems, transcription services, scheduling systems, administrative support tools, quality improvement systems, communication platforms, and other technology resources.

These systems may assist with documentation, record keeping, scheduling, billing, administrative functions, treatment planning support, quality assurance, and operational activities.

Artificial intelligence technologies do not replace professional judgment, diagnosis, treatment planning, clinical decision making, supervision, or professional responsibility. Clinical decisions remain under the authority and responsibility of qualified professionals.

TELEHEALTH SERVICES

Services may be provided through secure telehealth technologies.

Telehealth involves the electronic transmission of information and carries inherent risks, including interruptions in service, technology failures, unauthorized access, limitations in emergency response, and other technical risks.

Reasonable safeguards are utilized to protect confidentiality; however, absolute security cannot be guaranteed.

USES AND DISCLOSURES REQUIRED OR PERMITTED BY LAW

We may disclose information without authorization when required or permitted by law, including:

- Child abuse or neglect reporting
- Elder abuse reporting
- Dependent adult abuse reporting
- Threats of serious harm to self
- Threats of serious harm to others

- Court orders
- Certain subpoenas and legal proceedings
- Public health reporting
- Government oversight activities
- Law enforcement requests authorized by law
- National security activities authorized by law
- Workers' compensation claims
- Coroners, medical examiners, and funeral directors

SPECIAL PROTECTIONS FOR MENTAL HEALTH INFORMATION

Mental health information receives additional protections under California and federal law.

Certain records, including psychotherapy notes, may require specific authorization before disclosure unless disclosure is otherwise permitted or required by law.

MINORS

For minor clients, parents or legal guardians may have rights regarding access to information as permitted by law. Certain communications between minors and providers may be protected from disclosure under applicable California law.

YOUR RIGHTS

You have the right to:

- Request access to your records as permitted by law
- Request amendments to records
- Request restrictions on certain uses and disclosures
- Request confidential communications
- Receive an accounting of certain disclosures
- Receive a copy of this Notice
- Revoke authorizations previously granted, except where action has already been taken

Requests should be submitted in writing whenever possible.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy of protected health information
- Provide this Notice of Privacy Practices
- Abide by the terms of this Notice
- Notify affected individuals of certain breaches of unsecured protected health information as required by law

RECORD RETENTION

Records are maintained in accordance with applicable federal and California laws, professional standards, contractual requirements, and licensing regulations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the United States Department of Health and Human Services.

You will not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to modify this Notice of Privacy Practices at any time.

Changes may apply to information already maintained as well as information received in the future.

Current versions will be available upon request and through our website.

CONTACT INFORMATION

Psychological Services for Families
410 North A Street
Oxnard, California 93030

Phone: (805) 487-2244

Fax: (805) 487-2255

Website: <https://psforhelp.org>

Privacy Officer: Sean Stevens

Email: sstevens@psforhelp.org

ACKNOWLEDGEMENT

This Notice is provided for informational purposes and to satisfy applicable privacy law requirements. Clients acknowledge that this Notice has been made available through intake materials, electronic forms, patient portals, websites, or upon request.

No separate signature on this document is required when acknowledgement is obtained through the Practice's intake process, electronic forms, or other approved procedures.