

Healing Steps Family Therapy, LLC

Notice of Privacy Practices

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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.

Effective date: October 14, 2026

Your privacy matters to us. What you share in therapy is personal, and protecting it is part of how we care for you. This notice explains, in plain language, how we may use and share your health information, the choices you have, and the rights you have under federal law (HIPAA) and Nevada law, plus a few extra protections for clients we see in California. If anything here is unclear, please ask us. We're happy to walk through it with you.

Who this notice covers. This notice applies to Healing Steps Family Therapy, LLC, a group practice of marriage and family therapists, and to everyone who works with us: our therapists, interns or associates and their supervisors, and office staff. It covers all of our services: individual, couples, and family therapy, intensive in-home family treatment, and telehealth (video) sessions for clients located in Nevada and California.

What "health information" means. It's any information we keep that identifies you and relates to your mental or physical health, your care, or payment for your care. Examples include your intake forms, diagnosis, treatment plan, session notes, and billing records. The law calls this "protected health information."

Your privacy at a glance

You have the right to:

- Get a copy of your records
- Ask us to correct your records
- Ask us to contact you in a certain way or at a certain place
- Ask us to limit what we use or share
- Get a list of the times we've shared your information
- Get a copy of this notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have choices about how we:

- Share information with family, friends, or others involved in your care
- Share information in a disaster relief situation
- Use your information for marketing, sell it, or share psychotherapy notes (we never do these without your written permission)

We may use and share your information to:

- Provide your therapy and coordinate your care
- Run our practice
- Bill and get paid for your services

- Protect you or others in an emergency, and report abuse or neglect as the law requires
- Comply with the law, including court orders and requests from health oversight agencies

Your rights

When it comes to your health information, you have certain rights. This section explains them and how to use them. To make any request below, contact our Privacy Officer (see “Questions or complaints” at the end). Some requests need to be in writing; we’ll give you a simple form.

Get a copy of your records

- You can ask to see or get a paper or electronic copy of the health information we keep about you. We’ll give you a copy or, if you agree, a summary, usually within 30 days of your request.
- Nevada law also gives you the right to inspect your records within 10 working days after you ask (NRS 629.061).
- We may charge a reasonable, cost-based fee for copies. We won’t charge more than federal law and Nevada law allow (Nevada caps photocopies at 60 cents per page, NRS 629.061).
- **Psychotherapy notes** (described below) are not part of the records you have a right to receive under HIPAA. You can still ask, and your therapist will talk with you about it.
- **Couples and family therapy:** your record may include information about other people in your sessions. We’ll respond to your request in line with HIPAA, which in limited cases lets us withhold information about another person if sharing it is reasonably likely to cause that person substantial harm. If we deny any part of your request, we’ll tell you why in writing and explain how to ask for a review.

Ask us to correct your records

- If you think information in your record is wrong or incomplete, you can ask us to correct it. Please put your request in writing and tell us why.
- We may say “no,” but if we do, we’ll explain why in writing within 60 days, and you can add a statement disagreeing with our decision to your record.

Ask us to contact you a certain way

- You can ask us to reach you in a specific way (for example, only on your cell phone, or by mail to a different address). We will say “yes” to all reasonable requests.
- Email and text messages are convenient but not fully secure. We’ll only use them with your permission, and you can change your mind at any time.

Ask us to limit what we use or share

- You can ask us not to use or share certain information for treatment, payment, or running our practice. We aren’t required to agree, and we may say “no” if it could affect your care. If we do agree, we’ll keep our promise unless the information is needed to give you emergency care.
- **If you pay for a service in full out of pocket, you can ask us not to share information about that service with your health insurer.** We will say “yes” unless a law requires us to share it. Starting January 1, 2027, couples therapy is private pay and is not billed to insurance. We don’t send couples session information to your health plan; if you choose to submit a superbill to your plan yourself, the plan will see the information on that superbill.

Get a list of those we’ve shared your information with

- You can ask for a list (an “accounting”) of the times we’ve shared your health information in the six years before your request, who we shared it with, and why.
- The list won’t include sharing for treatment, payment, or running our practice, or certain other disclosures (such as ones you asked us to make). We’ll provide one list a year for free and may charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this notice

You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. It’s also posted in our office and on our website, healingvegas.com.

Choose someone to act for you

- If someone is your legal guardian or has legal authority to make health care decisions for you (a “personal representative”), that person can use your rights and make choices about your health information. We’ll check that the person has this authority before we act.
- **Children and teens:** usually a parent or legal guardian is the personal representative for a child in therapy. There are limited exceptions, for example when a minor may legally consent to their own care or when sharing could put the young person at risk. We’ll explain at the start of therapy what we will and won’t share with parents.

File a complaint

If you believe your privacy rights have been violated, you can complain to us or to the U.S. Department of Health and Human Services. We will never retaliate against you for filing a complaint. Details are in “Questions or complaints” at the end of this notice.

Your choices

For some information, you can tell us your choices about what we share. Tell us what you want, and we’ll follow your instructions.

You can tell us whether to share information with:

- Family members, close friends, or others you name who are involved in your care or in paying for it
- Disaster relief organizations, so your family can be told where you are and how you’re doing

If you can’t tell us your preference, for example if you’re unconscious or in a crisis, we may share information if we believe it’s in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

We never do these without your written permission:

- Use or share your information for marketing
- Sell your information
- Share most psychotherapy notes

We do not market or sell health information, and we do not do fundraising. If that ever changes, we’ll update this notice first, and you would always be able to opt out of fundraising messages.

How we typically use and share your information

To provide your care

We use your information to provide therapy and may share it with other professionals involved in your treatment.

- **Example:** Your therapist talks with a clinical supervisor or another therapist on our team to plan the best approach for your sessions.
- **Example:** With your permission, we coordinate with your doctor or psychiatrist about medications.

To bill and get paid

We use and share information to bill for your services and collect payment.

- **Example (insurance clients):** For individual therapy billed to your plan, we give your insurer the information it needs to pay us, such as your diagnosis, dates of service, and the type of service.
- **Example (private-pay clients):** We use your name and payment card on file to charge for sessions and any late-cancellation or no-show fees. Our payment processor only receives what it needs to process the charge.

To run our practice

We use information to operate the practice, improve the quality of our care, train and supervise clinicians, and contact you when needed.

- **Example:** We send appointment reminders and use your information to review the quality of our services.
- **Example:** We work with outside companies that help us run the practice, such as our electronic health record system, telehealth video platform, billing service, and payment processor. These “business associates” must sign agreements promising to protect your information and use it only for the work they do for us.

Extra protection for psychotherapy notes

Some therapists keep separate personal notes that record or analyze what was said in a session. Federal law calls these “psychotherapy notes” and gives them extra protection. They are kept apart from the rest of your record and do not include things like your diagnosis, treatment plan, session times, medications, or test results.

We will not use or share psychotherapy notes without your written permission, except in a few situations the law allows:

- Your therapist may use them to treat you.
- We may use them in our own supervised training programs for mental health clinicians.
- We may use them to defend ourselves if you bring a legal action or complaint against us.
- When the law requires it, including if the U.S. Department of Health and Human Services reviews our compliance with privacy law.
- For oversight of the therapist who wrote the notes (for example, by a licensing board), or by a coroner or medical examiner.
- To prevent or lessen a serious and imminent threat to someone’s health or safety.

Source: 45 CFR 164.508(a)(2) and 164.524(a)(1).

Other ways we may use or share your information

The law allows or requires us to share information in some other situations, usually to protect people or for the public good. We must meet strict conditions before sharing for any of these reasons, and we share only

what is needed. In a therapy practice most of these are rare. Where Nevada law is stricter than federal law, we follow Nevada law.

To protect children, older adults, and vulnerable adults

Nevada law requires us to report suspected abuse or neglect of a child (NRS 432B.220) and of an older person or vulnerable adult, including exploitation, isolation, or abandonment (NRS 200.5093). These reports go to child welfare, adult protective services, or law enforcement, generally within 24 hours.

To prevent serious harm

- **Threats to others.** If a client communicates an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person, and the therapist believes the client has the intent and ability to carry it out, Nevada law requires the therapist to act. That can mean placing the client on a mental health crisis hold, asking a court to order one, or making a reasonable effort to warn the person who was threatened, the nearest law enforcement agency, and, if that person is a minor, their parent or guardian (NRS 629.550).
- **Risk to yourself.** If we believe you are at serious and imminent risk of harming yourself, we may share information with people who can help keep you safe, such as emergency services or a support person you've named.

To comply with the law and with oversight

- When federal, state, or local law requires it, including with the U.S. Department of Health and Human Services if it wants to confirm we're complying with federal privacy law.
- With health oversight agencies for activities authorized by law, such as audits or licensing board investigations (for example, the Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors).

Lawsuits and legal proceedings

Nevada law gives you a privilege to keep confidential what you say to your marriage and family therapist out of court, and to prevent others from disclosing it (NRS 49.246–49.249). Your therapist may claim this privilege on your behalf. If we receive a subpoena or other legal request for your records, we will not release them unless you give written permission, a court orders it, or a legal exception applies.

Under Nevada law the privilege does not apply in a few situations (NRS 49.249):

- If a client tells the therapist they intend or plan to commit what they know or reasonably should know is a crime
- If the therapist is required to testify in an administrative or court-related investigation or proceeding involving the welfare of the client or the client's minor children
- In proceedings to hospitalize a client for mental illness, if the therapist has determined that hospitalization is needed
- If the client's treatment is an element of a claim or defense in a legal proceeding (for example, if you raise your mental health as part of a lawsuit)

Other situations that rarely apply to therapy

- **Law enforcement:** only as required by law, or in limited cases permitted by HIPAA, such as reporting a crime on our premises or responding to a court order or warrant.
- **Coroners, medical examiners, and funeral directors:** when a client dies.

- **Workers' compensation:** for a work-related claim, as the law allows.
- **Special government functions:** such as military, national security, and presidential protective services, as the law allows.
- **Public health:** such as preventing disease or reporting adverse reactions to medications.
- **Research:** only with your written permission or as the law strictly allows.
- **Organ and tissue donation requests:** as the law allows.

Substance use disorder treatment records

To the extent we have your substance use disorder treatment records that are protected by federal law (42 CFR part 2), for example records sent to us by a federally assisted addiction treatment program, we will not use or share those records, or testimony about what's in them, in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and a subpoena. We would also give you a clear choice before sending you any fundraising communications that use that information (we don't fundraise).

Everything else needs your written permission

We will not use or share your information in any way not described in this notice unless you give us written permission (an "authorization"). If you sign one, you can change your mind and cancel it at any time by telling us in writing. Canceling won't undo anything we already shared based on your permission.

Nevada-specific information

Healing Steps is located in Nevada, and Nevada law adds these protections and duties:

- **Therapist-client privilege:** NRS 49.246–49.249, described above.
- **Mandatory abuse and neglect reporting:** children (NRS 432B.220); older persons and vulnerable persons (NRS 200.5093).
- **Duty to protect others from explicit threats:** NRS 629.550.
- **Access to your records:** you may inspect your records within 10 working days of your request, and copy charges are limited by law (NRS 629.061).
- **How long we keep records — and when they may be destroyed:** Nevada requires health care records to be kept for at least 5 years after they are created or received. **Please note: your health care records may be destroyed after that period** (NRS 629.051). Records of anyone under 23 years old may not be destroyed.

For clients in California

When we provide telehealth to clients located in California, California law may give you additional protections.

- **Confidentiality of Medical Information Act:** we generally need your written authorization before sharing your medical information, except as that law allows or requires (Cal. Civil Code §56.10). California law also limits sharing medical information for immigration enforcement without your authorization unless legally compelled (Civil Code §56.10(f)).
- **Access to your records:** you may inspect your records within 5 working days of your request and receive copies within 15 days; copy fees are limited, and records can't be withheld because of an unpaid bill (Cal. Health & Safety Code §123110).
- **Psychotherapist-patient privilege:** Cal. Evidence Code §1014.

- **Abuse reporting:** licensed marriage and family therapists are mandated reporters of suspected child abuse or neglect (Cal. Penal Code §11165.7) and of elder or dependent adult abuse (Cal. Welfare & Institutions Code §§15610.37, 15630).
- **Serious threats of violence:** California law addresses a therapist's duty to protect when a patient communicates a serious threat of physical violence against a reasonably identifiable victim (Cal. Civil Code §43.92).
- **Record retention:** California requires marriage and family therapists to keep records at least 7 years after therapy ends, or for minors at least 7 years after they turn 18 (Cal. Business & Professions Code §4980.49).

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information and to give you this notice of our legal duties and privacy practices.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. If we make an important change, the new notice will be available on request, in our office, and on our website, healingvegas.com, and we'll offer you a copy at your next visit.

Questions or complaints

If you have questions about this notice, want to use any of your rights, or believe your privacy rights have been violated, please contact our Privacy Officer. We take every concern seriously and want to make it right.

Privacy Officer: Stephen M. Stepanovich, MS, LMFT
 Healing Steps Family Therapy, LLC
 3175 E Warm Springs Rd, Ste 111, Las Vegas, NV 89120
 Phone: (702) 743-4497
 Email: stephen@healingvegas.com

You can also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR):**

- **Online:** OCR Complaint Portal, <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- **By mail:** Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201
- **By email:** OCRComplaint@hhs.gov
- **By phone:** 1-800-368-1019 (TDD 1-800-537-7697)
- **More information:** <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

OCR complaints generally must be filed within 180 days of when you knew about the problem. **We will not retaliate against you for filing a complaint.**

Effective date of this notice: October 14, 2026

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I received (or was offered) a copy of the Healing Steps Family Therapy, LLC Notice of Privacy Practices, effective October 14, 2026. Each adult client signs separately.

_____	_____	_____
Client 1 — Printed name	Signature	Date

_____	_____	_____
Client 2 — Printed name	Signature	Date

_____	_____	_____
Parent/guardian of minor (name of minor: _____) — Printed name	Signature	Date

For office use, if an acknowledgment couldn't be obtained: Date notice provided: _____ Reason not signed: _____
_____ Staff initials: _____