



## **HIPAA Privacy Notice**

### **National Strengthening Families Network-USA (NFSN-USA)**

The National Family Strengthening Network in the United States (NFSN-USA), a 501(c)(3) nonprofit corporation, respects the confidentiality of its clients and strictly complies with the Health Insurance Portability and Accountability Act (HIPAA) as well as applicable state and federal privacy laws. This notice describes how your Protected Health Information (PHI) may be used and disclosed, and how you may access it.

#### **1. Purpose of this Notice**

This Notice informs you about: (1) the use and disclosure of your health information, (2) the legal responsibilities of NFSN-USA, and (3) your rights regarding your information. We are legally required to comply with the terms of this Notice.

#### **2. Uses and Disclosures of Your Health Information**

NFSN-USA uses and discloses the minimum necessary health information for the following purposes:

- **Treatment:** sharing data among NFSN-USA professionals to coordinate your care. Written authorization is required for sharing outside the organization.
- **Payment:** limited use of PHI for billing services or insurance coordination where applicable.
- **Healthcare operations:** internal use for quality control, supervised training, and service coordination.
- **Marketing/Sales:** any use of PHI for marketing or sales requires your explicit written authorization.

#### **3. Disclosures Without Consent**

The law permits disclosure without your authorization in specific circumstances, such as: medical emergencies, court orders, public health concerns, child or elder abuse, criminal activity, national security, healthcare oversight, approved research or de-identified data, and with business associates under confidentiality agreements.





#### **4. Your Rights Regarding Your Health Information**

- Access and obtain copies of your PHI.
- Request corrections to your health records.
- Receive an accounting of disclosures.
- Request restrictions on the use or disclosure of your information.
- Request confidential communications (e.g., by mail only).
- Be notified in case of a security breach.
- Obtain a printed copy of this Notice.

#### **5. Other Uses and Authorizations**

Any use or disclosure not described in this Notice will require your written authorization, which may be revoked at any time. Changes to our privacy practices will be posted on our website and at our facilities.

#### **6. Questions and Complaints**

If you believe your privacy rights have been violated, you may file a complaint with NFSN-USA or with the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

For more information or to file a complaint, please contact the Privacy Officer at: [info@nfsn-usa.org](mailto:info@nfsn-usa.org)

This Notice is effective September 17, 2025. Reviewed  
on September 17, 2025.

