BE 1ST LLC

Notice of Privacy Practices

Effective Date September 25 2026

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

This notice applies to Be 1st LLC and to the clinicians and staff who provide services through the practice. It explains your rights, your choices, and our responsibilities concerning protected health information, also called PHI.

Privacy Contact

Contact	Privacy Officer
Organization	Be 1st LLC
Address	2219 Maple Street, Omaha, NE 68110-2118
Telephone	402-618-2285

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical or behavioral health record.
- Ask us to correct information that you believe is incorrect or incomplete.
- Request confidential communications and reasonable restrictions.
- Get a list of certain disclosures we have made.
- Get a paper or electronic copy of this notice.
- Choose someone who is legally authorized to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

In certain situations, you may tell us how you want your information shared, including sharing with family members or others involved in your care, disaster relief activities, marketing, fundraising, and most uses of psychotherapy notes.

Our Uses and Disclosures

We may use and share your information to provide treatment, operate the practice, obtain payment, comply with the law, and address other purposes permitted or required by law. The sections below explain these uses and your rights in more detail.

Your Rights in Detail

Get an electronic or paper copy of your record You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. We will usually provide a copy or a summary within 30 days of receiving your request. We may charge a reasonable, cost-based fee.

Ask us to correct your record You may ask us to correct health information that you believe is incorrect or incomplete. We may deny your request, but we will explain the reason in writing, generally within 60 days.

Request confidential communications You may ask us to contact you in a particular way, such as at a specific telephone number, or to send mail to a different address. We will agree to reasonable requests.

Ask us to limit what we use or share You may ask us not to use or share certain information for treatment, payment, or health care operations. We are not required to agree, and we may deny a request if it could affect your care. If we agree, we may still share the information when it is needed for emergency treatment.

Request a restriction for services paid in full If you pay for a health care service or item out of pocket in full, you may ask us not to share information about that service with your health plan for payment or health care operations. We will agree unless a law requires us to share the information.

Get a list of disclosures You may ask for an accounting of certain disclosures of your health information made during the six years before your request. The accounting will not include disclosures for treatment, payment, health care operations, or certain other disclosures. We will provide one accounting during any 12-month period at no charge. We may charge a reasonable, cost-based fee for an additional accounting during the same period.

Get a copy of this notice You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.

Choose someone to act for you If a person has legal authority to act for you, such as through a medical power of attorney or guardianship, that person may exercise your rights and make choices about your information. We will verify the person's authority before taking action.

Revoke an authorization If you previously gave written permission for a use or disclosure, you may revoke that permission in writing at any time. The revocation will not affect actions already taken in reliance on your authorization.

File a complaint You may complain to Be 1st LLC by contacting the Privacy Officer at the address or telephone number listed on the first page. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to 200 Independence Avenue SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint. We will not retaliate against you for filing a complaint.

Your Choices in Detail

For certain health information, you may tell us your preferences about what we share. Tell us what you want us to do, and we will follow your instructions when the law permits.

Family members and others involved in your care You may tell us to share information with a family member, close friend, or another person involved in your care or payment for your care.

Disaster relief You may tell us to share information with an organization assisting in disaster relief. If you cannot tell us your preference, such as when you are unconscious, we may share information if we believe it is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

Written permission We will not use or share your information for marketing purposes, sell your information, or share most psychotherapy notes unless you give us written permission or another specific legal exception applies.

Fundraising We may contact you about fundraising efforts, but you may tell us not to contact you again. If a fundraising communication uses substance use disorder patient information protected by 42 CFR part 2, we will provide clear advance notice and a choice about whether to receive the communication.

How We Typically Use and Share Information

Treatment We may use your health information and share it with other professionals who are treating you. For example, a clinician may consult another health care professional to coordinate your care.

Practice operations We may use and share your health information to operate the practice, improve care, supervise and train qualified professionals, conduct quality activities, and contact you when necessary.

Payment We may use and share your health information to bill and obtain payment from health plans or other entities responsible for paying for your services.

Appointment reminders and care information We may contact you about appointments, treatment alternatives, and other health-related services or benefits that may interest you.

Other Uses and Disclosures Permitted by Law

We may use or share health information for the purposes listed below. We must meet the conditions established by federal and state law before doing so.

- Public health and safety activities, including preventing disease, reporting adverse reactions, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.
- Health research that meets applicable legal requirements.
- Compliance with federal or state law, including disclosure to the U.S. Department of Health and Human Services to demonstrate compliance with federal privacy law.
- Organ and tissue donation requests.
- Work with a coroner, medical examiner, or funeral director when a person dies.
- Workers' compensation claims.
- Law enforcement purposes and requests from law enforcement officials as permitted by law.
- Health oversight activities authorized by law, including audits and investigations.
- Special government functions, including military, national security, correctional institution, and presidential protective activities.

- Responses to court or administrative orders, subpoenas, lawsuits, and other legal proceedings as permitted by law.

Special Protections for Behavioral Health Information

Psychotherapy notes Psychotherapy notes receive additional protection. Except for limited purposes permitted by law, we will not use or disclose psychotherapy notes without your written authorization. Permitted uses may include use by the note's author for treatment, approved training or supervision, defending a legal action you bring, oversight by the U.S. Department of Health and Human Services, uses required by law, certain health oversight activities, duties of a coroner or medical examiner, or preventing a serious and imminent threat to health or safety.

Nebraska mental health confidentiality Nebraska law provides confidentiality and privilege protections for communications with mental health practitioners. We will not disclose information acquired through a professional counseling relationship without written consent unless the disclosure is permitted or required by Nebraska law, HIPAA, or another applicable law. When family members receive therapy together, additional consent requirements may apply before confidential information from a legally competent participant is disclosed.

Substance use disorder patient records To the extent that we create, receive, or maintain substance use disorder patient records protected by 42 CFR part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you unless you give written consent or the disclosure is supported by a court order and subpoena that meet applicable legal requirements.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in the notice currently in effect and provide you with a copy.
- We will not use or share your information other than as described in this notice unless you give us written permission or the law permits or requires the use or disclosure.

Changes to This Notice

We may change the terms of this notice. Any revised terms may apply to all health information we maintain, including information created or received before the revision. The current notice will be available upon request, at our office, and on our website.

Questions and Complaints

For questions about this notice, to exercise a privacy right, or to file a complaint with Be 1st LLC, contact the Privacy Officer at 2219 Maple Street, Omaha, NE 68110-2118 or call 402-618-2285. Be 1st LLC will not retaliate against you for exercising your rights or filing a complaint.