



NOTICE OF PRIVACY PRACTICES

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

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information, especially as we introduce technology in the form of electronic health records and related interoperability to increase the timeliness and efficiency of your medical care.

- We make a record of the medical care we provide and may receive such records from others.
- We use these records to provide or enable other health care providers to provide care.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

- This notice describes how we may use and disclose your medical information.
- It also describes your rights and our legal obligations with respect to your medical information.
- If you have any questions about this Notice, please contact our Privacy Officer listed at the end of this notice.

How We May Use And Disclose medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to healthcare providers who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may share your healthcare information about you with different healthcare providers and facilities in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you outside of Irvine Family Care to people who may be involved in your medical care after you leave Irvine Family Care.

Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from you, and insurance company, or a third party. For example, we may need to give your health plan information about procedures you received at Irvine Family Care so your health plan will pay us or reimburse you for the procedure. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance will cover the treatment.

Health Care Operations: We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to run the Irvine Family Care office. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical

information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without knowing the identities of the specific patients. We may disclose your medical information to another health care professional that you have seen so they may improve their quality or costs of care.

Health Information Exchange (HIE): Irvine Family Care may make your individual medical information available to a local, regional, and/or national Health Information Exchange (“HIE”) including, but not limited to, the National Health Information providers in our community to share information electronically, all with a common goal of improving the quality of care for our patients while protecting the privacy and security of your medical information. For example, if you received treatment at Irvine Family Care and are referred to a specialist, the specialist you will be seeing would be able to access and review your most up to date treatment information to review during your visit with them.

Irvine Family Care will only transmit your medical information to an HIE for the purposes of treatment, payment, or healthcare operations, or as required by law. Individual health information that currently by law required an additional signed authorization for release WILL NOT be transmitted to an HIE without your consent, or as otherwise mandated by law or regulatory requirement.

California Immunization Registry: Irvine Family Care may share your immunization or tuberculosis (TB) screening test records with the California Immunization Registry (CAIR), a statewide, secure, and confidential database of patient immunization information. The CAIR is used by health care professionals, agencies, and schools to keep track of all shots and TB tests you take and can provide proof about immunizations needed to start childcare, school, or a new job. If you do not want your immunization or TB records to be shared with other registry users, please fax or email the “Decline or Start Sharing/immunization information Request Form” available on the CAIR website at <http://cairweb.org/cair-forms/>, the CAIR Help Desk at 1-888-436-8320 or CAIRHelpDesk@cdph.ca.gov.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Irvine Family Care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Sign-In Sheet: We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call your name when we are ready to see you. Others who sign in may see and/or hear your name.

Notification and Communication With Family: We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgement in communicating with your family and others.

Marketing: We will not sell your personal information. We may contact you to give you information about products or services related to your treatment, case management, or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest of you. This may include promotional items with a small value. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your medical information without your written authorization.

Required By law: We will disclose medical information about you when required to do so by federal, state, or local law.

Health Oversight Activities: We may and are sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and California law.

Public Health: We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to : preventing or controlling diseases, injury or disability, , reporting child, elder or dependent adult abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgement, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

Judicial and Administrative Proceedings: We may and are sometimes required by law to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discover request, or other lawful process.

Law Enforcement: We may and are sometimes required by law to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

Coroners: We may and are often required by law to disclose your health information to a law enforcement your health information to coroners in connection with their investigations of deaths.

Public Safety: We may and are sometimes required by law to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Functions: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

Worker's Compensation: We may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by worker's compensation, we will make periodic reports to your employer about your condition. We are also required by law to report cases of occupational injury or occupational illness to the employer or worker's compensation insurer.

Change of Ownership: In the event that this medical practice is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another physician or medical group.

Research: We may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board in compliance with governing law.

Fundraising: We may contact you directly for fundraising activities in which the practice chooses to participate, such as Arthritis Foundation events or other charity organizations. Your information will not be disclosed to outside agencies for fundraising purposes.

When This medical Practice May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization at any time by written request.

Your Health Information Rights

Right to Request Special Privacy Protections: You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit and what limitations on our use or disclosure or that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.

Right to Request Confidential Communications: You have the right to request that you receive your health information in a specific way or at a specific location. We will attempt to comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications. However, we utilize a variety of automated systems which may restrict our ability to comply with certain requests. For example, patient statements from our automated billing system will always be sent to your home address.

Right to Inspect and Copy: You have the right to inspect and have a copy of your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee, as allowed by California law. We may deny your request under limited circumstances. If we deny your request to access your child's records because we believe allowing access would be reasonably likely to cause substantial harm to your child, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional.

Right to Amend or Supplement: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about this medical practice's denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures: You have a right to receive an accounting of disclosures of your health information made by this medical practice except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs Treatment, Payment, Health Care Operations, Notification and Communication with Family, Specialized Government Functions of

this Notice of Privacy Practices or disclosures of purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or official the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer listed at the bottom of this Notice of Privacy Practices.

Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will offer you a copy at each appointment.

Complaints

Complaints about this Notice of Privacy Practices or how this medical practice handles your health information should be directed to our Privacy Officer listed below. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to the Department of Health and Human Services (DHHS), Office of Civil Rights, Hubert H. Humphrey Bldg., 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, DC 20201

Privacy Officer: Michelle Calloway

Phone Number: 949417-9820

Effective Date: March 3, 2026