NOTICE OF PRIVACY PRACTICES

PACIFIC NEUROPSYCHIATRIC SPECIALISTS ("PNS")

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR COMMITMENT TO PROTECTING YOUR HEALTH INFORMATION

Pacific Neuropsychiatric Specialists (PNS) is committed to protecting the privacy of your medical, mental health, and personal information (referred to as your "Health Information"). Federal and state laws require us to protect the privacy of your Health Information.

We are also required to provide you with this Notice, which explains:

- Our legal responsibilities to protect your information;
- Our privacy practices;
- Your rights regarding your Health Information;
- How we may use and share your Health Information with others when necessary for care, payment, health care operations, or when required or permitted by law.

We take these responsibilities seriously and follow strict policies and procedures to safeguard your information.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

The sections below explain the different ways we may use or share your health information. Some types of information receive extra legal protections. This can include information related to substance use treatment, HIV status, genetic testing, and certain mental health records. When these protections apply, we follow the additional rules required by law. This Notice does not list every possible situation where your information may be used or shared. However, any use or disclosure will fall into one of the categories described below. If we ever need to use or share your information for a reason that is not described in this Notice, we will first ask for your written permission (authorization).

For Treatment. We may use your Health Information to provide you with medical and mental health care and services. Your information may be shared with doctors, nurses, technicians, trainees, and other PNS staff who are involved in your care. For example, a doctor treating you for a physical injury may need to know if you have diabetes because it could affect how your body heals. Similarly, a provider treating you for a mental health condition may need to know what medications you are currently taking to safely prescribe new medications.

We may also share your Health Information with other health care providers who are involved in your care but are not part of PNS. In some cases, this may occur electronically

through a health information exchange, which allows authorized providers involved in your treatment to securely access relevant portions of your medical record to help coordinate your care.

For Payment. We may use and share your Health Information so that the care and services you receive can be billed and payment can be collected. This may include billing you, your health insurance plan, or another third party. For example, we may provide your health plan with information about a visit, procedure, or treatment you received at PNS so they can process payment or reimburse you. We may also share information with your health plan to determine whether a proposed treatment or service will be covered before it is provided.

For Health Care Operations. We may use and share your Health Information for activities that help us operate our practice and improve the care we provide. For example, we may use your information to evaluate the quality and safety of our services, conduct internal reviews, support staff training, and manage administrative or business operations. We may also contact you with information about treatment options, services, or programs that may benefit your health. In some cases, we work with outside companies that help us operate our practice. These companies may provide services such as accreditation support, legal services, information technology, billing, or auditing. These companies are called **"**business associates**"** or "Contractors." They are required by law and by contract to protect your Health Information and keep it confidential. Your Health Information may also be used by doctors, nurses, technicians, trainees, and other PNS staff for quality improvement, training, and educational purposes.

Appointment Reminders. We may contact you to remind you that you have an appointment with a provider at PNS.

Individuals Involved In Your Care. With your permission, we may share relevant Health Information with family members, close friends, or others involved in your care or helping pay for your care. This may include information about your diagnosis, treatment, medications, and general progress. You have the right to tell us **not** to share this information, and we will honor your request whenever possible. If you are unable to provide permission due to your condition, we may share limited information with a spouse, parent, child, or other close family member when it is in your best interest or necessary for your care. In these situations, we will only share information that is reasonably needed for the person to help with your care. In certain cases, we may confirm that you are receiving care at our facility unless federal law restricts us from doing so.

Disaster Relief Efforts. We may disclose Health Information about you to an entity assisting in a disaster relief effort so that others can be notified about your condition, status and location.

As Required By Law. We will disclose Health Information about you when required to do so by federal or state law.

This includes releases to the U.S. Department of Health and Human Services (HHS), which oversees HIPAA regulations.

To Prevent a Serious Threat to Health or Safety. We may use or share your Health Information if it is necessary to help prevent or reduce a serious and immediate threat to your health or safety, or to the health or safety of another person or the public. When this occurs, we will only share information with individuals or organizations who are reasonably able to help prevent or lessen the threat, such as health care providers, emergency responders, or law enforcement when appropriate.

Military and Veterans. If you are or were a member of the armed forces, we may release Health Information about you to military command authorities as authorized or required by law.

Workers' Compensation. We may use or share your Health Information for workers' compensation or similar programs, as permitted or required by law. These programs provide benefits for injuries or illnesses that occur as a result of your work. Information may be shared with employers, insurers, or others involved in administering these claims, but only as allowed by law.

Public Health Activities. We may share your Health Information for certain public health activities when required or permitted by law. These activities help protect the health and safety of the public.

Examples include sharing information with public health authorities to:

- Prevent or control diseases, injuries, or disabilities (such as reporting certain communicable diseases)
- Report important life events, such as births and deaths
- Report suspected child abuse or neglect
- Monitor the safety of medications, medical devices, or other products and report adverse reactions or defects
- Notify people about product recalls, repairs, or replacements
- Inform individuals who may have been exposed to a disease or who may be at risk of contracting or spreading a disease or condition

Abuse, Neglect, and Domestic Violence. We may disclose your Health Information to appropriate government authorities if we believe a patient may be a victim of abuse, neglect, or domestic violence, as permitted or required by law. These reports are made to agencies that are authorized to receive and investigate such information in order to help protect the safety and well-being of the individual involved.

Health Oversight Activities. We may share your Health Information with government agencies that oversee the health care system or certain government programs. These agencies may conduct audits, inspections, investigations, or licensing reviews to ensure that

health care providers comply with applicable laws and regulations.

Lawsuits and Other Legal Proceedings. We may disclose your Health Information if it is required as part of a legal or administrative proceeding. This may include responding to a court order or an order from an administrative agency. In some cases, we may also disclose information in response to a subpoena, warrant, discovery request, or other lawful legal process, as permitted or required by law.

Law Enforcement. We may disclose Health Information to law enforcement officials when permitted or required by law. Examples include situations where information is needed to:

- Identify or locate a suspect, fugitive, material witness, certain escapees, or a missing person
- Provide information about a suspected victim of a crime when, under limited circumstances, we are unable to obtain the person's agreement
- Report a death that may be the result of criminal activity
- Report suspected criminal activity that occurs at PNS
- Respond to a medical emergency when it is necessary to report a crime, the location of a crime or victims, or information that may help identify or locate the person who committed the crime

Inmates/Law Enforcement Custody. If you are an inmate of a correctional institution or are in the custody of law enforcement, we may disclose your Health Information to the correctional institution or law enforcement officials as permitted or required by law. This information may be shared when necessary to provide you with health care, protect your health and safety or the safety of others, or maintain the security and operations of the correctional facility.

Coroners, Medical Examiners and Funeral Directors. We may disclose Health Information to a coroner or medical examiner when necessary to identify a deceased person or determine the cause of death.
We may also share information with funeral directors as needed to help them carry out their duties.

National Security and Intelligence Activities. We may disclose your Health Information to authorized federal officials for intelligence, counterintelligence, or other national security activities when required by law.

Psychotherapy Notes. *Psychotherapy notes* are notes recorded by a mental health professional that document or analyze conversations during a private counseling session or during group, joint, or family therapy. These notes are kept **separate from the rest of your medical record**.

Under federal law, psychotherapy notes receive additional privacy protections. In most situations, we cannot use or disclose psychotherapy notes without your written authorization.

Psychotherapy notes do **not** include routine clinical information such as medication prescriptions and monitoring, session start and end times, the type or frequency of treatment provided, results of clinical tests, or summaries of your diagnosis, symptoms, treatment plan, functional status, prognosis, or progress. This type of information is part of your regular medical record.

There are a few limited situations where psychotherapy notes may be used or disclosed without your authorization.

These include:

- For training programs that supervise students, trainees, or mental health professionals
- To defend the practice or the provider in a legal action or other proceeding brought by you
- When disclosure is required by law
- For oversight of the mental health professional who created the notes
- To help prevent or reduce a serious and immediate threat to your health or safety or the safety of others

In all other situations, we will obtain your written permission before using or sharing psychotherapy notes.

Marketing or Sale of Health Information. Uses and disclosures of your Health Information for marketing purposes or any sale of your Health Information are strictly limited and require your written authorization.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Uses and disclosures of your Health Information that are not described in this Notice will only be made with your written authorization.

If you give us permission to use or share your Health Information, you may revoke that authorization at any time in writing. However, revoking your authorization will not apply to information that has already been used or disclosed based on your prior authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your medical record is maintained by PNS, you have important rights regarding your Health Information.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your Health Information, with certain limited exceptions.

If your information is maintained electronically, you may request an electronic copy when possible. If we cannot provide it in the format you request, we will work with you to provide the information in another electronic format or as a paper copy.

You may also request that we send a copy of your Health Information directly to a third party that you designate.

To request access to your records, please submit a written request to:

Medical Records
1133 Camelback Street #7361, Newport Beach, CA 92658 or at PRIVACY@pnsoc.com.

A reasonable fee may apply for copies of records.
In limited circumstances, we may deny your request to access your records. If access is denied, you may request a review of that decision. The review will be conducted by a licensed health care professional who was not involved in the original decision, and we will follow the outcome of that review.

Right to Request an Amendment or Addendum. If you believe the Health Information we maintain about you is **incorrect or incomplete**, you may request that we correct the information or allow you to add a written statement to your record.

Amendment. To request an amendment, submit a written request to the address above. Your request should clearly identify the information you believe is incorrect or incomplete and explain why the change is needed.
We may deny your request if:

- The request is not submitted in writing
- We cannot identify the information you want changed
- The request does not include a reason for the amendment
- The information was not created by PNS
- The information is not part of the record we maintain
- The information is not available for inspection
- We believe the information is accurate and complete

Addendum. To submit an addendum, the addendum must be made in writing and submitted to **Medical Records, 1133 Camelback Street #7361, Newport Beach, CA 92658 or via email at PRIVACY@pnsoc.com.** An addendum must not be longer than 250 words per alleged incomplete or incorrect item in your record.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we have made of your Health Information. To request this list, submit a written request to the address listed above. Your request must specify a time period, which may not exceed six years prior to the date of the request. You are entitled to one accounting every 12 months at no charge. Additional requests within the same 12-month period may require a

reasonable fee. We will inform you of any cost before processing your request.

To request this accounting of disclosures, you must submit your request in writing to **Medical Records, 1133 Camelback Street #7361, Newport Beach, CA 92658, or via email at PRIVACY@pnsoc.com.** Your request must state a time period that may not be longer than the six previous years. You are entitled to one accounting within any 12-month period at no cost. If you request a second accounting within that 12-month period, there will be a charge for the cost of compiling the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request limits on how we use or disclose your Health Information for treatment, payment, or health care operations. You may also request limits on information shared with individuals involved in your care.
To request a restriction, submit a written request describing:

- What information you want restricted
- Whether you want to limit use, disclosure, or both
- Who the restriction should apply to

While we will consider all requests, we are **not required to agree** to most restrictions. However, we **must agree** to your request not to share information with your health plan if:

- The disclosure is for payment or health care operations
- The information is not otherwise required by law to be shared
- You (or someone on your behalf) pay the **full cost of the service out of pocket**

To request a restriction, you must make your request in writing to:
Medical Records, 1133 Camelback Street #7361, Newport Beach, CA 92658, or via email at PRIVACY@pnsoc.com.

Right to Request Confidential Communications. You may request that we communicate with you about your Health Information in a specific way or at a specific location. For example, you may ask that we contact you only by mail or only at a particular phone number. We will accommodate all reasonable requests. To request confidential medical communications, you must make your request in writing to:
Medical Records by email at PRIVACY@pnsoc.com or by mail at 1133 Camelback Street #7361, Newport Beach, CA 92658. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. Copies of this Notice are available at any PNS clinic, or you may obtain a copy at our website, PNSOC.com/NPP.

Right to be Notified of a Breach. You have the right to be notified if we or one of our Business Associates discovers a breach of unsecured Health Information about you.

CHANGES TO PNS'S PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change our privacy practices and update this Notice. Any changes may apply to Health Information we already maintain as well as information we receive in the future. The most current version of this Notice will be posted at all PNS locations and on our website. You may request a copy of the current Notice at any time.

QUESTIONS OR COMPLAINTS

If you have questions about this Notice, please contact:
By email: Privacy Officer at Privacy@PNSOC.com
By mail: 1133 Camelback Street #7361, Newport Beach, CA 92658

If you believe your privacy rights have been violated, you may file a complaint with PNS or with the **U.S. Department of Health and Human Services, Office for Civil Rights**.

You will **not be penalized or retaliated against** for filing a complaint.