



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

Effective Date November 13, 2025

Your health records and treatment information are personal and private. WellSpace Health is committed to protecting your health information. The health information we create and maintain is known as Protected Health Information (PHI).

We are required by law to provide you with this Notice of our legal duties and privacy practices concerning your health information. This Notice explains how we may legally use and disclose your PHI and describes your rights regarding its privacy. We are required to follow the terms of this Notice. We reserve the right to change its provisions at any time, with any revisions applying to all PHI we maintain.

If you have any questions and/or would like additional information, you may contact WellSpace Health Compliance Officer at compliance@wellspacehealth.org.

Thank you for placing your care and trust in WellSpace Health.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. Right to get an electronic or paper copy of your medical record

You have the right to access your Protected Health Information (PHI), including electronic health information (EHI), in the format in which it is maintained. You may request to view your record, receive a copy, or have a copy sent to a third party.

Requests must be submitted in writing, and may be sent electronically or by other permitted methods. WellSpace Health may take reasonable steps to verify identity before releasing records to protect your information.

Under California law, you may inspect your record within 5 business days and receive copies within 15 days. Under HIPAA, access must be provided within 30 days, with one 30-day extension when necessary and



explained in writing. We follow the stricter timelines required by California law and comply with federal rules that prohibit information blocking and require timely access.

Reasonable, cost-based fees may apply as permitted by law.

For paper copies, California allows charges of up to \$0.25 per page plus clerical costs.

For electronic copies, fees are limited to the cost of labor for creating and sending the copy.

In limited situations, we may deny access to certain information as allowed by law, such as psychotherapy notes, information prepared for legal proceedings, or when access would endanger someone's life or safety. If access is denied in whole or in part, we will explain the reason in writing and inform you of your rights to request a review.

2. Right to ask us to correct your health record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say "no" to your request, but we'll tell you why in writing within 60 days.

3. Right to request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say "yes" to all reasonable requests.

4. Right to ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.

If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

We will say "yes" unless a law requires us to share that information.

5. Right to get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about:

- treatment
- payment
- health care operations
- disclosures you asked us to make



We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

6. Right to get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

7. Right to choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

8. Right to file a complaint if you feel we have failed to protect your rights

You can complain if you feel we have failed to protect your rights by:

- contacting us at compliance@wellspacehealth.org
- calling 916-469-4690 x 9039

You can file a complaint in writing within 180 days (6 months) of when you suspect it happened. Give as much detail as you can.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:

- **Mail:** 200 Independence Avenue, S.W., Washington, D.C. 20201
- **Phone:** 1-877-696-6775
- **Online:** www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

YOUR CHOICES REGARDING YOUR HEALTH INFORMATION

For certain health information, you can tell us your choices about what we share. Let us know what you want us to do and we will follow your instructions.

You have both the right and choice to tell us to:

- share information with your family, close friends, or others involved in your care
- take away this consent at any time (verbally or in writing)
- share information in a disaster relief situation
- contact you for appointment reminders using the center name and appointment time

You may ask to be contacted in other ways, such as text message or email.



If you are unable to tell us your preferences (for example, if you are unconscious), we may share your information if we believe it is in your best interest.

We may also share information to help with a serious and impending threat to health or safety.

We never use or disclose your information for the following purposes unless required or permitted by law, or unless you give us written permission:

- marketing purposes
- sale of your information
- most sharing of psychotherapy notes
- HIV status
- substance use

Fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Your confidentiality is important to us. Our providers, clinicians, and employees are required to maintain the confidentiality of PHI, and we use policies, procedures, and safeguards to protect your information.

Below are examples of how your PHI may be used or disclosed. The list includes categories, not every possible example.

1. Treatment

We may use and disclose your PHI to provide treatment, case management, care coordination, or direct or recommend health care and related services such as government services or housing. We may also disclose your information to community resources and providers involved in your care.

2. Payment

We may use or disclose your PHI to assess WellSpace Health's financial responsibility for your treatment and services or to support billing and payment collection. This may include sharing your identity, diagnosis, and services provided with Medi-Cal, Medicare, or your insurance provider.

3. Health Care Operations

We may use and disclose your PHI to support the business activities of WellSpace Health. This includes activities such as quality improvement, reviewing and evaluating our treatment and services, accreditation, investigations, licensing, auditing, billing, consulting, behavioral health and health services, and other administrative or support functions necessary for our operations. We may also disclose your health information to staff of business associates who perform these services for us.



4. Required by Law

We may use and disclose your PHI when required by Federal, State, or local law. For example, the Department of Health and Human Services (DHHS) Secretary may review our compliance efforts, including seeing your PHI.

5. Business Associates

Some services are provided through contracted entities called business associates. We may contract with business associates to perform certain functions or activities on our behalf, such as payment, health care operations, or treatment services. Business associates must agree to appropriately safeguard your PHI and may only receive the minimum amount of information necessary to perform the identified services.

Examples of business associates include subcontractors that create, receive, maintain, or transmit PHI for or on behalf of billing companies, e-prescribing gateways, health information exchanges, behavioral health service providers, and electronic and personal health record vendors.

6. Health Oversight Activities

We may disclose PHI to government agencies conducting audits, investigations, inspections, or oversight activities.

7. Public Health Activities

We may use and disclose your PHI to public health authorities or government agencies for reporting certain diseases, injuries, conditions, illnesses, and events as required by law. This includes helping with investigations of disease outbreaks, complying with workplace safety laws, preventing or controlling disease, assisting with product recalls, reporting bad reactions to medications, and preventing serious health or safety risks.

8. Victims of Abuse, Neglect, or Domestic Violence

We may disclose your PHI to government agencies to report suspected abuse, neglect, or domestic violence, as required or permitted by law. We will only make such disclosures if you agree, if the law requires us to report, or when it is necessary to protect you or someone else from serious harm.

9. Lawsuits and Legal Actions

We may use or disclose your PHI in response to a court or administrative order, subpoena, or other legal process. We may also use or disclose PHI without your authorization when permitted by law, such as when defending against a lawsuit or arbitration.

10. Law Enforcement

We may disclose your PHI for law enforcement purposes, including helping locate or identify a missing person, suspect, or fugitive; reporting certain wounds, injuries, or deaths; reporting a crime that occurs on our premises; when there is suspicion that a death resulted from criminal conduct; or responding to legal



processes such as a subpoena, warrant, or court order.

11. Coroners, Medical Examiners, Funeral Directors

We may disclose your PHI to coroners, medical examiners, or funeral directors as needed to identify a deceased individual, determine the cause of death, or carry out their authorized and official duties.

12. Organ and Tissue Donation

We may disclose PHI to organizations responsible for organ, eye, or tissue donation and transplantation.

13. Research

We may use and disclose your PHI for research that has been reviewed and approved by an Institutional Review Board (IRB), which is responsible for ensuring participant safety and protecting the confidentiality of PHI.

14. To Stop a Serious Threat to Health or Safety

We may use or disclose PHI if we believe there is an immediate danger to you or someone else.

15. Inmates

If you are an inmate of a correctional institution or in the custody of law enforcement, we may disclose your PHI to the appropriate officials when necessary to protect your health or safety, the health or safety of others, or for the administration and security of the facility.

16. Military and National Security

We may use or disclose the PHI of armed forces personnel to the appropriate military authorities when necessary to carry out military missions. We may also disclose your PHI to authorized federal officials for national security and intelligence activities, or for the protection of the President of the United States and other government officials and dignitaries.

17. Government Programs for Public Benefits

We may use or disclose your PHI to help you qualify for government benefit programs such as Medicare, Medi-Cal, Supplemental Security Income, or other available services. We may also contact you about possible treatment options or health-related benefits or services.

18. Workers' Compensation

We may use or disclose your PHI as needed to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses, including disclosures to claims administrators,



insurance carriers, or others responsible for evaluating your claim.

19. Family and Friends Involved in Your Care

We may disclose your PHI to a friend, family member, or another person involved in your care or payment. If you bring someone with you or allow them to be present during your visit, we may share information with that person as part of your care unless you object. If you prefer to speak privately, please let us know at any time.

20. Disaster Relief

We may disclose limited PHI, such as your name, city of residence, age, gender, or general condition, to public or private disaster relief organizations to help provide needed services or assist in locating you or your family.

21. Disclosures to Parents as Personal Representatives of Minors

In most cases, we may share a minor child's PHI with a parent or guardian. California law allows minors to consent to certain services on their own (such as STI care, pregnancy care, sexual assault treatment, some mental health services, and substance use treatment). In these cases, the minor controls confidentiality for that care, and we may be required by law to withhold information from a parent or guardian.

Minors who are married, emancipated, or otherwise legally authorized also control their PHI.

If your child is brought to an appointment by an authorized adult or by someone the minor has permitted to accompany them, we may share relevant information with that individual as needed for care, unless restricted by law or by the minor.

22. Reproductive Health Information Protections

We protect reproductive and sexual health information as required by HIPAA and California law. This includes services related to contraception, fertility, pregnancy, and related conditions.

We do not disclose reproductive health information without your written authorization unless required or permitted by law. California law restricts disclosure of reproductive and sexual health information to law enforcement, out-of-state agencies, or third parties seeking information about care that is lawful in California. Requests must include a signed attestation confirming compliance with California law.

California law also limits cooperation with legal actions from other states when those actions conflict with reproductive health rights protected under California law.

You may request additional privacy protections for this information, including restrictions on use or disclosure and confidential communication options.

23. Appointment Reminders



We may use your PHI to remind you of upcoming appointments for treatment or other health care you may need.

24. Immunization Records

With written or verbal authorization from a parent, guardian, or other person authorized to act for the minor, we may disclose proof of a child's immunization to a school as required by law.

25. Identity Verification and Patient Photographs

WellSpace Health may take a photograph of you or your child for identification and treatment purposes. These photographs are securely stored in your electronic health record and used only to support your care, ensure accurate patient identification, and maintain the safety and integrity of clinical operations.

Photographs will not be shared, published, or used for any other purpose without written authorization, unless otherwise required or permitted by law.

You have the right to decline or withdraw consent for identification photographs at any time by notifying your provider or care team. Declining to be photographed will not affect your access to care or services.

26. Health Information Exchange (HIE)

We may share your health information electronically with other healthcare providers outside of our organization who are involved in your care.

We participate in the electronic sharing of health information with other health care providers, health plans, healthcare-related entities, and others through SacValley MedShare, a Health Information Exchange (HIE). Your electronic health records, including certain sensitive health information, may be accessible through the HIE to properly authorized users for treatment, payment, and health care operations, as well as other purposes permitted or required by law, unless you submit an opt-out request at www.sacvalleyms.org.

HIE Opt-Out: If you do not want your electronic health records shared through SacValley MedShare, you have the right to opt out by submitting a request online at www.sacvalleyms.org. If you previously opted out and wish to opt back in, you may do so through the same website.

Please Note: Even if you opt out, some health information may still be shared as allowed by law—for example, during emergencies, for public health reporting, or to comply with programs such as the Prescription Drug Monitoring Program.

Each opt-out request is subject to verification and may take 2–5 business days to process. For assistance, visit www.sacvalleyms.org, call (530) 487-4997, or email info@sacvalleyms.org.

27. Electronic Health Records

We maintain your information using an Electronic Health Record (EHR)—a secure digital system used to document, store, and access your clinical record, including medical, behavioral health, and dental information. The EHR helps authorized WellSpace Health personnel and community health care providers coordinate and



manage your care efficiently. Your information may be shared through shared clinical databases or health information exchanges (HIEs) to support treatment and ensure continuity of care. We may also receive information from other providers involved in your care through these systems. If you have any questions or concerns about how your information is shared, please contact the WellSpace Health Compliance Office.

WellSpace Health is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of WellSpace Health, OCHIN supplies information technology and related services to WellSpace Health and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits derived from electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by WellSpace Health with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

28. Communications with Family and Others When You Are Present

If a family member or another person involved in your care is present during a discussion, examination, or phone call with you, we may disclose relevant PHI to that individual as part of your care, unless you object at that time.

If you do not want information shared in the presence of another person, please tell us and we will pause the conversation or ask the person to step out.

29. Communications with Family and Others When You Are Not Present

There may be times when it is necessary to disclose your PHI to a family member or others involved in your care because there is an emergency or you lack the ability to agree or object. In these situations, we will use our professional judgment to determine whether the disclosure is in your best interest. If we disclose information, we will limit it to the PHI directly relevant to the person's involvement in your care.

30. Uses and Disclosures Requiring Your Written Authorization

For any uses or disclosures of your PHI not described in this Notice, we will obtain your written authorization. You may revoke your authorization in writing at any time, and we will stop making disclosures for the purposes stated in that authorization. Disclosures made before the revocation will not be affected.

SPECIAL PROTECTIONS FOR CERTAIN TYPES OF INFORMATION

Uses and Disclosures of HIV/AIDS Information



California law gives heightened protections to HIV/AIDS information. Generally, we must obtain your written authorization specifically permitting disclosure of the results of an HIV/AIDS test for each separate disclosure made. We may disclose your HIV/AIDS test results without your authorization and as required under State reporting laws for purposes of public health investigation, control, or surveillance. Additionally, disclosures to health care providers may be made without specific patient authorization for the direct purposes of diagnosis, care, or treatment of the patient.

Your physician who orders an HIV test on your behalf may disclose the result of your HIV test to your health care providers for purposes related to your diagnosis, care, or treatment.

Uses and Disclosures of Substance and Alcohol Use Disorder Records

Substance and alcohol use disorder information is protected by 42 USC 290dd-2 and the Department of Health and Human Services (HHS) regulations at 42 CFR Part 2. These protections apply to any substance use disorder information we maintain, including information created or received through WellSpace Health's substance use disorder treatment programs.

We are not allowed to acknowledge your enrollment, disclose your participation in a treatment program, or identify you as having a substance use disorder to an outside person unless one of the following conditions applies:

- your written consent
- a need to prevent multiple 42 CFR Part 2 program enrollments
- court orders
- a bona fide medical emergency
- scientific research needs
- authorized audit or evaluation activities

Federal law and regulations allow communication of personally identifying information about you by our program to law enforcement agencies or officials about a crime committed by you either at our program or against any person who works for the program premises, or about any threat to commit such a crime.

Federal laws and regulations also allow our program to report under state law personally identifying information about you in connection with incidents of suspected child abuse or neglect to appropriate State or local authorities.

If you believe that the privacy of your information protected by 42 USC 290dd-2 and 42 CFR Part 2 has been violated, you may contact the U.S. Attorney's Office, Central District of California, Santa Ana Branch Office at 411 W. Fourth Street, Suite 8000, Santa Ana, CA 92701, or call (855) 898-3957.

We follow current federal regulations under 42 CFR Part 2, which have been updated to align more closely with HIPAA. This allows limited sharing of substance use disorder records for treatment, payment, and health care operations, with your consent or as permitted by law.



OUR RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION

We must follow the terms of this Notice while it is in effect. We reserve the right to change this Notice and our privacy practices at any time. Any changes will apply to PHI we already maintain and to PHI we receive in the future. If material changes are made and you are currently receiving services from WellSpace Health, we will provide you with an updated Notice. We will also post the revised Notice in our Centers and on our website.

We are responsible for:

- 1. Protecting privacy and security**

We are required by law to keep your PHI private and secure.

- 2. Preventing unauthorized recordings**

It is against WellSpace Health policy and California law to record or photograph patients, staff, or confidential information without appropriate consent or other legal authority.

- 3. Breach notification**

We follow all HIPAA and HITECH breach notification requirements.

If unsecured PHI is breached, we will notify you without unreasonable delay and no later than 60 days after discovery, as required by the HIPAA Breach Notification Rule and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Federal law presumes a breach unless a risk assessment shows a low probability of compromise, based on the type and amount of PHI involved, who used or received it, whether it was actually viewed, and how much the risk was reduced or mitigated.

If notification is required, we will explain what happened, what information was involved, steps you can take, and how we are responding. Notices are sent by first-class mail or secure email if you have agreed to electronic delivery.

- 4. Safeguarding your information**

We safeguard your information using administrative, technical, and physical protections. WellSpace Health conducts regular security risk assessments and uses safeguards such as encryption, multifactor authentication, and staff cybersecurity training to help protect your health information from unauthorized access or disclosure.

- 5. Following this Notice**

We must follow the duties and privacy practices described in this Notice and provide you a copy upon request.

- 6. Authorization for other uses**

We will not use or share your PHI for reasons not described in this Notice unless you authorize us in writing. You may revoke it any time in writing, except to the extent we have already acted on it.

- 7. HIPAA information**

For more information about your HIPAA rights visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.



OTHER INSTRUCTIONS FOR THIS NOTICE

Use of Digital Tools and Artificial Intelligence (AI)

We may use secure, HIPAA-compliant digital tools, including automated or AI-assisted tools, to support documentation, treatment, and health care operations. These tools do not replace clinical judgment, and any PHI used by them is protected under the same privacy rules described in this Notice.

Digital Health Apps, Websites, and Non-Covered Tools

Information you share through personal health apps, fitness trackers, or public websites may not be protected under HIPAA. This includes the WellSpace Health public website, which is not a HIPAA-covered platform.

These platforms may have their own privacy practices and may collect, use, or share your information in ways different from this Notice. Only secure systems used for patient care, such as our electronic health record and patient portal, are subject to HIPAA privacy protections.

Please use caution when sharing health-related information on such platforms.

Social Media and Public Platforms

WellSpace Health does not use social media to discuss individual care or share PHI.

We may share patient stories or photographs only with your explicit written authorization and only in limited, pre-approved circumstances.

Information you choose to post publicly about your care is not protected by HIPAA.

Do not use social media messages to request medical advice or share PHI as these channels are not secure.

Additional Privacy Rights

Under the California Consumer Privacy Rights Act (CPRA), you may have additional rights over your personal and sensitive health-related information that is not protected by HIPAA. These rights may include the right to know what data we collect, request deletion or correction, or limit how certain information is used or disclosed. These rights apply to the extent permitted by California law and do not apply to health information governed by HIPAA.

If you have questions about these rights or wish to submit a request, please contact our Compliance Department using the contact information provided below.

Plain Language & Accessibility

We are committed to using clear, plain language in this Notice. If you need this information in another language, format, or assistance understanding your rights, please contact us.



EFFECTIVE DATE

This revised notice is effective November 13, 2025, and supersedes all prior versions.

CONTACT INFORMATION

Compliance Officer

WellSpace Health

1500 Expo Pkwy

Sacramento, CA 95815

Phone: 916-469-4690 x 9039

Email: compliance@wellspacehealth.org

The use and disclosure of your Protected Health Information (PHI) is regulated by HIPAA (1996). Healthcare providers must provide a Notice of Privacy Practices and make a good faith effort to obtain written acknowledgment of receipt.

ACKNOWLEDGMENT

I acknowledge that I received the WellSpace Health Notice of Privacy Practices. I have had the opportunity to ask questions, and any questions I had were answered to my satisfaction.

Your treatment, payment, enrollment, or eligibility for benefits is not conditioned on signing this acknowledgment.

Signature of Patient/Client (or Parent/Guardian)

Date