Notice Of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective date: July 16, 2026

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.

This notice applies to protected health information maintained by **Family Choice Health Services** ("Family Choice," "we," "us," or "our") in connection with the health care services and administrative functions we perform. Your individual physicians and health plans may have separate notices that describe their own privacy practices.

Quick Summary

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Your Rights

When it comes to your health information, you have the following rights. Contact our Privacy Officer to exercise them.

Get an electronic or paper copy of your health information

You may ask to inspect or obtain an electronic or paper copy of health information we maintain about you in a designated record set. Ask us how to make the request.

We generally will provide access within 30 days. When California law provides a shorter period, we will follow it; for example, providers generally must permit inspection within five working days and provide copies within 15 days after receiving a valid written request. We may charge only fees permitted by law.

Ask us to correct your health information

You may ask us to amend information you believe is incorrect or incomplete. We may deny the request in certain circumstances, but we will explain the denial in writing, generally within 60 days.

Request confidential communications

You may ask us to contact you in a specific way or at a different address. We will accommodate reasonable requests and will not require you to explain why.

Ask us to limit what we use or share

You may ask us not to use or disclose certain information for treatment, payment, or health care operations. We are not generally required to agree, but if we agree, we will follow the restriction except when the information is needed for emergency treatment or as otherwise permitted by law.

If you pay a health care provider out of pocket in full for an item or service, you may ask that provider not to disclose information about that item or service to your health plan for payment or health care operations. The provider must agree unless disclosure is required by law. This right applies to Family Choice when we are the provider receiving the payment and maintaining the information.

Get an accounting of disclosures

You may request a list of certain disclosures made during the six years before your request. The list will not include disclosures for treatment, payment, or health care operations and certain other disclosures excluded by law. One accounting in any 12-month period is free; we may charge a reasonable, cost-based fee for additional accountings.

Get a copy of this Notice

You may ask for a paper copy at any time, even if you agreed to receive it electronically. We will provide it promptly.

Choose someone to act for you

A legally authorized personal representative may exercise your rights. We will verify the person's authority before taking action.

File a complaint

You may complain to our Privacy Officer using the contact information at the end of this notice.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; or www.hhs.gov/hipaa/filing-a-complaint.

We will not retaliate against you for filing a complaint or exercising a privacy right**.**

Your Choices

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

You may tell us whether to share relevant information with family, close friends, or others involved in your care or payment for your care, or with disaster-relief organizations. If you cannot tell us your preference, we may disclose information when we believe it is in your best interest or is needed to lessen a serious and imminent threat to health or safety.

We will obtain your written authorization for most uses and disclosures of psychotherapy notes, for marketing purposes, and for the sale of protected health information, as required by law.

If we contact you for fundraising, you may tell us not to contact you again. If a fundraising communication would use substance use disorder patient records protected by 42 CFR part 2, we will provide clear and conspicuous notice in advance and an opportunity to opt out.

How We May Use and Disclose Your Health Information

We may use and disclose your health information without your written authorization for the purposes below, subject to applicable limits. We use or disclose only the amount of information appropriate under the law.

Treatment

We may use and share information to coordinate, manage, or provide your care and related services. Example: We may share information with your primary care physician, a specialist, a hospital, or another provider involved in your treatment or referral.

Payment

We may use and share information to obtain payment and determine coverage or benefits. Example: We may send diagnosis, service, referral, or authorization information to your Medicare Advantage or other health plan so it can administer benefits or pay for services.

Health care operations

We may use and share information to operate Family Choice and improve care. These activities may include care management, utilization review, quality assessment, credentialing, auditing, compliance, customer service, fraud and abuse detection, and business planning. Example: We may review records to evaluate the quality and timeliness of services furnished by our contracted providers.

Business associates

We may disclose information to vendors and contractors that perform services for us, but only under written agreements requiring them to protect the information as required by law.

Public health and safety

We may disclose information for legally authorized activities such as preventing or controlling disease; reporting adverse events, product problems, or recalls; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to health or safety.

Health oversight, law enforcement, and government functions

We may disclose information to authorized oversight agencies; for workers' compensation; for limited law-enforcement purposes; and for special government functions such as military, national security, protective services, or correctional activities, when the legal requirements are met.

Research

We may use or disclose information for research when an authorization is obtained or when an institutional review board or privacy board has approved a waiver, or as otherwise permitted by law.

Required by law

We will disclose information when federal or state law requires it, including to the U.S. Department of Health and Human Services to demonstrate compliance with HIPAA.

Organ and tissue donation; decedents

We may disclose information to organ-procurement organizations and, when a person dies, to coroners, medical examiners, and funeral directors as permitted by law.

Judicial and administrative proceedings

We may disclose information in response to a court or administrative order, subpoena, discovery request, or other lawful process only after the applicable legal requirements are satisfied.

Other uses and disclosures

Other uses and disclosures not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke an authorization in writing at any time, except to the extent we already acted in reliance on it.

Additional Protections Under Federal and California Law

Some information is protected by laws that are more restrictive than HIPAA. When a more protective law applies, we will follow it. Depending on the circumstances, this may include California and federal protections for mental health records, substance use disorder records, HIV/AIDS test results, genetic information, communicable disease information, sexual and reproductive health information, and information concerning minors. We will obtain authorization or satisfy another legal basis before disclosing such information when required.

Substance use disorder records protected by 42 CFR part 2

To the extent we receive or maintain patient records subject to 42 CFR part 2, we will not use or disclose those records in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order accompanied by a subpoena or other legal requirement specified by Part 2.

Part 2 records used or disclosed pursuant to your consent for treatment, payment, or health care operations may be redisclosed as permitted by HIPAA, except that they may not be used or disclosed in proceedings against you except as Part 2 permits.

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will notify you as required by law if a breach occurs that 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 a copy.

We will not use or disclose information other than as described in this Notice unless you authorize us in writing. You may revoke that authorization in writing as described above.

Changes to This Notice

We may change this Notice and make the revised terms effective for all protected health information we maintain, including information created or received before the revision. A revised Notice will be available upon request and will be posted prominently on our website. If Family Choice maintains a physical service-delivery site covered by this Notice, the current Notice will also be posted and made available there as required by law.

Questions, Requests, or Complaints

Eddie Howard —Altura Privacy Officer

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Telephone: 626-549-7808 | General toll-free: 323-768-2898

Email: privacy@alturamso.com | Website: www.alturamso.com