NOTICE OF PRIVACY PRACTICES
for
Riverside Family Physicians

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.

You have the right to confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer, in writing, at the address provided in this document.

Our Pledge Regarding Medical Information

Riverside Family Physicians understands that information about you and your health is personal. We are committed to protecting the privacy of your health information and complying with all applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA) and California privacy laws. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We create and maintain records of the care and services you receive to provide quality care and to comply with legal requirements. This Notice applies to all records of your care maintained by Riverside Family Physicians, whether created by physicians, clinical staff, administrative staff, or business associates.

This office is required to:

- Maintain the privacy of your health information as required by law
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Abide by the terms of this notice
- Accommodate your reasonable requests regarding methods to communicate health information with you
- Accommodate your requests for an accounting of disclosures

<u>How We May Use and Disclose Your Medical Information</u>

The following categories describe different ways we may use or disclose your health information. Not every use or disclosure in a category will be listed.

For Treatment. We may use and disclose your health information to provide, coordinate, or manage your health care and related services. For example, your physician may share information with specialists, laboratories, hospitals, pharmacies, or other providers involved in your care.

For Payment. We may use and disclose your health information to bill for services and receive payment from health plans, insurers, or other entities. This may include eligibility verification, claims processing, utilization review, and collection activities.

For Health Care Operations. We may use and disclose health information for practice operations, including quality assessment and improvement, care coordination, credentialing, training, auditing, legal services, compliance activities, and business management.

Appointment Reminders. We may contact you to remind you of appointments, follow up on missed appointments, provide test results, care instructions, or information related to your health care.

Treatment Alternatives. We may inform you about treatment options, alternatives, health education, wellness programs, population health initiatives, care management services, and other health-related benefits or services.

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, including Clinical Research.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

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

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will not use or disclose your health information without your written authorization for the following purposes:

Marketing activities

Sale of your health information

No information will be shared or sold with third parties for marketing purposes

You may revoke an authorization at any time in writing, except to the extent that action has already been taken.

ELECTRONIC COMMUNICATIONS

We may communicate with you through electronic means, including telephone calls, voicemail, email, text messaging, patient portals, and telehealth platforms. While we take reasonable steps to safeguard these communications, electronic communication may carry certain security risks. By choosing to communicate electronically, you acknowledge and accept these risks. You may request alternative methods of communication at any time.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT

We may disclose your health information to a family member, friend, caregiver, or other person involved in your care or payment for your care, unless you object. We may also disclose information in emergency or disaster relief situations.

Special Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. We may disclose medical information about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner, medical examiner or funeral director consistent with applicable law to allow them to carry out their duties.

Specialized Government Functions. We may release medical information about you for specialized government functions authorized by law such as to armed forces personnel, for national security purposes, or to public assistance programs personnel.

BUSINESS ASSOCIATES

We may share your health information with business associates that perform services on our behalf, such as billing, IT support, analytics, care coordination, or legal services. All business

associates are required by law to protect your health information and may only use or disclose it as permitted by HIPAA and their agreements with us.

Your Rights Regarding Medical Information About You

The health and billing records we maintain about you are the property of Riverside Family Physicians. You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect (with supervision) medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes. You may also request an actual copy of these records. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request.

You may exercise this right by delivering a request in writing to our Privacy Officer using the form we provide to you upon your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Riverside Family Physicians will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept. You may exercise this right by delivering a request in writing to our Privacy Officer using the form we provide to you upon request. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by Riverside Family Physicians
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you may file a statement of disagreement and require that the request for amendment and any denial be attached in all future disclosures of your medical information.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer using the form we provide to you upon you request. Your request must state a time period that may not be longer than six years and may not include dates before January 1, 2003.

An accounting will not include internal uses of information for treatment, payment, or health care operations, disclosures made to you or made at your request or disclosures made to family members or friends in the course of providing care. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

Right to Request Restrictions. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.To request restrictions, you must make your request in writing to our Privacy Officer using the form we provide to you upon your request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request that communication of your health information be
made by alternative means or at an alternative location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

You may exercise this right by delivering a request in writing to our Privacy Officer using the form we provide to you upon your request.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice at any time by making a request at our office.

If you want to exercise any of the above rights, please contact our Privacy Officer in person or in writing, during normal business hours. No individual physician, nurse or other employee can agree to restrictions, amendments, or other rights described herein. Only the Privacy Officer can make these amendments. He/she will provide you with assistance on the steps to take to exercise your rights

Changes To This Notice
We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. The notice will contain on the last page the effective date.

To Request Information or File a Complaint

If you have questions, or would like additional information or want to report a problem regarding the handling of your information, you may contact our Privacy Officer at the following address:

Riverside Family Physicians

Attn: Privacy Officer
4310 Orange Street
Riverside, CA 92501
(951) 335-8570

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering it to the Privacy Officer. You may also file a complaint by mailing it or e-mailing it to the Secretary or Health and Human Services at The US Department of Health and Human Services, 200 Independence Avenue, SW, Washington DC 20201.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from MMC.

We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Other Uses of Health Information
Other uses and disclosures besides those identified in this notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken.

NextGen Population Health Twilio Adoption for SMS Texting from NextGen Care
No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. Information sharing to subcontractors in support services, such as customer service, is permitted. All other use case categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

Effective Date: January 1, 2003

Updated Date: September 2, 2026