OPSAM HEALTH
Caring for the Community Since 1973

NOTICE OF PRIVACY PRACTICES
Effective Date July 1, 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.

Our Commitment and Responsibilities Regarding your Health Information

We understand that your health information is private. We are committed to protecting the privacy of this information. Each time you visit Opsam Health we create a record of the services delivered. We need this information to provide you with quality care and to comply with certain legal requirements. This notice applies to all medical and billing records generated by Opsam Health providers and health care personnel. We must give you this Notice of Privacy Practices.

Changes to this Notice

Opsam Health reserves the right to change this notice. We also reserve the right to make the revised notice effective for all your health information we already have and for any health information we receive in the future. We will post a copy of this Notice of Privacy Practices at our facilities and our website at www.opsam.org. A copy of the current notice is available at the registration area of each facility.

How We May Use and Disclose Your Health Information

The following categories describe different ways that Opsam Health uses your health information (also referred to as protected health information) and may disclose it to other persons and entities.

Treatment: We use and disclose your health information to provide, coordinate and manage your health care and related services. We may disclose health information about you to doctors, nurses, technicians, medical student interns, or other personnel who are involved in taking care of you during your visit with us.

Payment: Opsam Health may use and disclose your protected health information to bill for services provided and to obtain payment from you, an insurance company, or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: We may use and disclose health information about you for health care operations. These activities may include quality assurance activities, administrative activities, including Opsam Health clinic financial and business planning and development, customer service activities, including investigation of complaints, post-discharge follow-up calls; and client safety activities. We may also use your health information to contact you to remind you of your appointment.

Business Associates: Opsam Health may use or disclose your protected health information to an outside company that needs it to assist us in operating our health centers or providing services on our behalf. These outside companies are called “Business Associates.” Business Associates are required to keep any health information received from us confidential in the same

way we do. We require Business Associates to sign a contract that states they will appropriately safeguard your health care information.

Situations That May Require Your Authorization or Consent:

- **Family, Friends and Other Persons:** Opsam Health may disclose protected health information about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care, subject to your verbal agreement or when we can infer that you have no objection. You also have the right to request a restriction on disclosure of your protected health information to individuals who may be involved in your health care. If you are not present to consent, are incapacitated, or are in an emergency or disaster relief situation, we will defer to professional judgment when determining whether disclosing limited protected health information is in your best interest under the circumstances.
- **Health Information Exchanges**: Opsam Health may participate in one or more Health Information Exchanges (HIEs), through which we may share your protected health information, subject to federal or state laws, with other health care providers or entities for coordination of care. If you do not want Opsam Health to share your health information through HIEs, you will have the opportunity to opt out. If you consent to sharing your health information through HIEs, we may limit the sharing of sensitive health information, such as substance use disorder treatment records, reproductive health/abortion/contraception/gender-affirming care, psychotherapy notes, HIV/STI or communicable disease information, and minor-consented services, in accordance with applicable laws.
- **Drug and Alcohol Abuse Treatment Disclosures**: Some of the health information we maintain may relate to substance use disorder (SUD) diagnosis, treatment, or referral for treatment. This information may be subject to additional federal confidentiality protections under a law known as 42 C.F.R. Part 2 Confidentiality of Substance Use Disorder Patient Records, which provides greater privacy protection than HIPAA for certain records. We will disclose drug and alcohol treatment information about you in accordance with Part 2. We may be more limited in how we use or disclose this information, even for treatment, payment, or health care operations, unless you provide written consent or a legal exception applies. We cannot use or share substance use disorder patient information in civil, criminal, administrative or legislative investigations or procedures without your consent or a court order and subpoena that comply with Part 2 requirements. Additionally, if we have your substance use disorder records, we will provide clear notice in advance and an opportunity for you to elect not to receive fundraising communications.
- **Research**: Unless an exception applies, we may use and disclose health information to researchers when an authorization is obtained or when an Institutional Review Board or Privacy Board has approved a waiver of authorization and the research proposal, appropriate protocols have been established to protect the privacy of your health information, and all other required documentation has been obtained. We may also use and disclose health information for certain research without an authorization if, and to the extent, permitted by applicable law.
- **Fundraising**: In the event we contact you to raise funds for Opsam Health, we will give you the right to opt out of receiving such communications.

Situations That Do Not Require Your Authorization: State and/or Federal laws permit the following disclosures of your protected health information without obtaining verbal or written permission.

- **Organ and Tissue Donation:** We may release protected health 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.
- **To Advert a Serious Threat to Health or Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to those in authority to protect the health, safety, and welfare of our communities.
- **Public Health Activities:** Opsam Health may disclose protected health information about you for public health activities. These generally include the following:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child and adult abuse or neglect
  - To report adverse events or product defects or recalls
  - To notify patients who may have been exposed to an illness, disease, or may be at risk for contracting or spreading an infectious disease

Health Oversight Activities: We may disclose protected health information about you to health oversight agencies for activities authorized by law. These activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor health care systems, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement Activities: We may disclose protected health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To release information about a death believed to be the result of criminal conduct
- Criminal conduct at our facility
- Mandated reporting of a crime, location of the crime or victims, or the identity, description or location of the person who may have committed the crime

Military and Veterans: If you are a member of the armed forces, we may disclose your protected health information as required by military command authorities.

Coroners, Medical Examiners and Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the person's cause of death.

National Security and Intelligence Activities: We may disclose protected health information about you to authorized federal officials for intelligence and/or counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose protected health information about you to the correctional institution or a law enforcement official.

Workers' Compensation: We may disclose protected health information to comply with the State's Workers' Compensation Law or similar programs if you have a work-related injury.

Situations That Require Your Authorization

We do not share your health information without your authorization for the following purposes unless an exception applies. In the event that you agree to authorize sharing this information, separate authorizations will be required.

- Marketing Purposes
- Sale of Your Information
- Psychotherapy Notes

Personal Rights Regarding Your Protected Health Information: Please contact our Compliance Department for information or instructions on exercising any of the following rights. You may contact Opsam Health Compliance at (209) 683-5057, by email at compliance@opsam.org, or by writing to the Compliance Department, Opsam Health, 637 3rd Avenue, Suite E1, Chula Vista, CA, 91910.

You have the right to:

- Request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may request a copy by calling (209) 683-5057 or by asking at the registration desk at any of our clinics.
- Inspect, copy, or request electronic health data from your medical record that may have been used to make decisions about your care, subject to certain exceptions. There may be a nominal fee for processing these requests. Whether you want to review your record, receive a copy, or receive electronic health record information, you must make the request in writing. You may also request access to our patient portal to assist with access to your information. We may deny access to certain information through the portal. If we deny access, we will give you the reason in writing and explain how you may appeal the decision.
- Request an amendment to your health record if you feel the information is incorrect or incomplete. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may deny your request if the information was not created by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. If Opsam Health denies your request to amend, we will send you a written notice of the denial, stating the basis for the denial and instructions offering you the opportunity to provide a written statement disagreeing with the denial.

- Obtain an accounting of disclosures of your health information. The accounting will provide a list of disclosures for purposes other than treatment, payment, and health care operations or disclosures excluded by law or authorized by you.
- Request communication of your health information by alternative means or at alternative locations. You are not required to provide an explanation for the request as a condition of Opsam Health providing communications on a confidential basis.
- Request restrictions on certain uses and disclosures. You must request the restriction in writing, addressed to our Compliance Department. We are not required to agree to any restrictions you request. If we do agree, we will honor your request unless the restricted protected health information is needed to provide you with emergency treatment.

Opsam Health's Duties

- Opsam Health is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices.
- Opsam Health is required by law to notify affected individuals of a breach of unsecured protected health information that may have compromised the privacy or security of their information.
- Opsam Health must follow the terms of the current Notice of Privacy Practices.

Complaints

You may complain about this notice or how we manage your health information by using either of the methods below.

- You may file a complaint with Opsam Health by contacting Opsam Health Compliance Department at (209) 683-5057, by email at compliance@opsam.org, or by writing to the Compliance Department, Opsam Health, 637 3rd Avenue, Suite E1, Chula Vista, CA, 91910.
- You may also file a written complaint with the Secretary of the Department of Health and Human Services in accordance with OCR instructions by sending it to the Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201 or by email to OCRComplaint@hhs.gov or you may submit the complaint through the Office for Civil Rights, Complaint Portal located at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.