SOHAIL SHAYFER, MD, INC.

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record.
- Ask us to correct information you believe is incorrect or incomplete.
- Request confidential communication.
- Ask us to limit certain uses or disclosures.
- Get a list of certain disclosures we have made.
- Get a paper copy of this notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights were violated.

Your Choices

You have choices about how we use and share information when we:

- Discuss your condition or care with family, friends, or others involved in your care or payment.
- Provide disaster-relief assistance.
- Use information for marketing, sale of information, fundraising, or most psychotherapy-note disclosures.

Our Uses and Disclosures

We may use and share your information to treat you, operate our practice, bill for services, and for other purposes permitted or required by law. Details and examples appear below.

Your Rights in Detail

Get an electronic or paper copy of your medical record

- You may ask to inspect or obtain an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to submit the request.
- We generally will provide a copy or summary within 30 days. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record

- You may ask us to amend health information you believe is incorrect or incomplete.
- We may deny the request in some 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 particular way or at a different address. We will accommodate reasonable requests.

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 generally not required to agree, and we may decline if the restriction could affect your care.
- If you pay in full out of pocket for a service or item, you may ask us not to disclose that information to your health plan for payment or health care operations. We will agree unless disclosure is required by law.

Get a list of disclosures

- You may request an accounting of certain disclosures made during the six years before your request, including who received the information and why.

- The accounting generally excludes disclosures for treatment, payment, and health care operations and certain other disclosures. One accounting in a 12-month period is free; additional requests may carry a reasonable, cost-based fee.

Get a copy of this notice

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

Choose someone to act for you

A legally authorized personal representative—such as an agent under a health care power of attorney or a legal guardian—may exercise your rights. We will verify the person's authority before acting.

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, 200 Independence Avenue, S.W., Washington, DC 20201; 1-877-696-6775; or hhs.gov/hipaa/filing-a-complaint.
- We will not retaliate against you for filing a complaint.

Your Choices in Detail

For certain information, you may tell us your preferences. If you have a clear preference, tell us what you want us to do and we will follow your instructions when required by law.

Family, friends, and others involved in your care

- You may tell us to share relevant information with family members, close friends, or others involved in your care or payment for your care.
- If you cannot tell us your preference—for example, if you are unconscious—we may share relevant information if we believe it is in your best interest. We may also disclose information when needed to lessen a serious and imminent threat to health or safety.

Written permission is generally required

Except as permitted by law, we will not use or disclose your information for the following without your written authorization:

- Marketing purposes that require authorization.
- Sale of your health information.
- Most uses and disclosures of psychotherapy notes.

If we contact you for fundraising, you may tell us not to contact you again.

How We Typically Use or Share Health Information

Treat you

We may use your health information and disclose it to physicians, hospitals, therapists, laboratories, imaging facilities, pharmacies, surgical facilities, and other professionals involved in your care. Example: another physician treating your injury asks us about your condition or treatment.

Run our practice

We may use and disclose information to operate our practice, improve quality, coordinate care, supervise staff, conduct compliance activities, and contact you when necessary. Example: we review treatment outcomes to improve services.

Bill for services

We may use and disclose information to bill and obtain payment from health plans, patients, responsible parties, workers' compensation carriers, or other entities. Example: we provide diagnosis and treatment information to your health plan so it can process a claim.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose information in other ways that contribute to public health, safety, oversight, and the administration of justice. We must satisfy applicable legal conditions before making these disclosures.

Public health and safety

We may disclose information for activities such as preventing disease, reporting adverse reactions or product problems, assisting with recalls, reporting suspected abuse or neglect, and preventing or reducing a serious threat to health or safety.

Health oversight

We may disclose information to health oversight agencies for audits, inspections, investigations, licensing, disciplinary actions, and other activities authorized by law.

Compliance with law

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

Coroners, medical examiners, and funeral directors

We may disclose information to these persons as permitted by law following a death.

Workers' compensation, law enforcement, and government functions

We may disclose information for workers' compensation claims; lawful law-enforcement purposes; authorized government oversight; and special government functions such as military, national-security, and protective-service activities.

Lawsuits and legal proceedings

We may disclose information in response to a valid court or administrative order, subpoena, discovery request, or other lawful process, subject to applicable safeguards and objections.

Specially Protected Information

Some categories of information may receive additional protection under federal or California law, including certain mental-health records, psychotherapy notes, substance-use-disorder records, HIV/AIDS information, genetic information, reproductive-health information, and records concerning minors. When a law is more protective than HIPAA, we will follow the more protective law.

Substance-use-disorder records subject to 42 CFR Part 2

To the extent we create, maintain, receive, or disclose substance-use-disorder patient records protected by 42 CFR Part 2, we will not use or disclose those records in civil, criminal, administrative, or legislative investigations or proceedings against you without your written consent or a court order accompanied by a subpoena, as required by law.

If fundraising communications would use Part 2 information, we will provide clear advance notice and an opportunity to opt out.

Reproductive-health information

We will not use or disclose protected health information for a purpose prohibited by federal law. When required, we will obtain a valid attestation from a person requesting information potentially related to reproductive health care.

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 your information other than as described in this notice or as otherwise permitted or required by law unless you authorize us in writing.
- If you give written authorization, you may revoke it in writing at any time. Revocation will not affect actions already taken in reliance on the authorization.

Changes to This Notice

We may change the terms of this notice. The revised notice may apply to all information we maintain, including information created or received before the revision. The current notice will be available upon request, in our office, and on any practice website that provides information about our services.

Practice Information and Privacy Contact

This notice applies to Sohail Shayfer, MD, Inc., its workforce, and health care professionals providing services through the practice, as applicable.

Practice address: 16055 Ventura Blvd. Suite 444, Encino 91436

Privacy Officer: Mona Ayyoubi

Telephone: 818-981-3688

Email: mona@drshayfer.com

Website: drshayfer.com

Questions, requests to exercise privacy rights, and complaints may be directed to the Privacy Officer using the contact information above.

Important Note

This Notice is separate from the patient's written acknowledgment of receipt. Signing an acknowledgment does not authorize special uses or disclosures of medical information. A separate, legally valid authorization may be required for disclosures not otherwise permitted by law.