

ATTENDA MEDICAL GROUP, INC.

NOTICE OF PRIVACY PRACTICES

Effective September 14, 2026 | 4750 Hoen Avenue, Suite B, Santa Rosa, CA 95405

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO IT. PLEASE REVIEW IT CAREFULLY.

Attenda Medical Group, Inc. ("Attenda," "we," "us," or "our") is required by law to protect the privacy of your protected health information (PHI), provide this notice of our legal duties and privacy practices, and follow the notice currently in effect.

HOW WE MAY USE AND SHARE YOUR INFORMATION

Treatment, payment, and health care operations. We may use or share PHI to treat you and coordinate your care; bill you, your health plan, or other responsible parties; and operate our practice. Operations include quality improvement, staff training, audits, credentialing, compliance, business management, and contacting you about appointments, follow-up care, treatment alternatives, or health-related services. Other uses or disclosures permitted or required by law. We may use or share PHI when allowed or required for public health and safety activities; reporting abuse or neglect; health oversight; workers' compensation; organ donation; coroners, medical examiners, and funeral directors; research that meets legal requirements; certain judicial or administrative proceedings; law enforcement and other government functions; and other disclosures required by federal, state, or local law.

Family, friends, and others involved in your care. Unless you object, we may share relevant information with a family member, friend, or other person involved in your care or payment for your care when permitted by law. If you cannot tell us your preference, we may share information when legally permitted and we believe it is in your best interest or necessary to address a serious and imminent threat.

Written authorization. We will obtain your written authorization for uses or disclosures that are not otherwise permitted by law, including marketing when authorization is required, the sale of PHI, and most uses or disclosures of psychotherapy notes. You may revoke an authorization in writing, except to the extent we have already relied on it.

YOUR RIGHTS

- Access your records. You may inspect or obtain an electronic or paper copy of your medical record and other PHI we maintain about you. We will respond within the time required by law and may charge a reasonable, cost-based fee when permitted.
- Ask us to correct your records. You may request correction of information you believe is incorrect or incomplete. We may deny a request in some circumstances and will explain a denial as required by law.
- Request confidential communications. You may ask us to contact you in a particular way or at a different location. We will accommodate reasonable requests.
- Ask us to limit use or disclosure. You may ask us not to use or share certain PHI for treatment, payment, or operations. We are not always required to agree. If you pay in full out-of-pocket for an item or service, you may ask us not to disclose information about that item or service to your health plan for payment or operations; we will honor the request unless disclosure is required by law.
- Receive an accounting of certain disclosures. You may request a list of certain disclosures made during the six years before your request. The list does not include every disclosure, including many made for treatment, payment, or operations.
- Get a paper copy of this notice at any time, even if you agreed to receive it electronically.
- Choose someone to act for you. A legally authorized personal representative may exercise your privacy rights, subject to verification of that authority.
- File a complaint. You may complain to our Privacy Officer or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you for filing a complaint.

ADDITIONAL PRIVACY PROTECTIONS

Some information may receive greater protection under California or other applicable law. When another law provides greater privacy protection than HIPAA, we will follow the more protective law. To the extent Attenda receives, creates, or maintains substance use disorder records protected by 42 CFR Part 2, those records are subject to additional confidentiality protections, including limits on their use in legal proceedings against a patient unless authorized as required by law.

OUR RESPONSIBILITIES

We must maintain the privacy and security of your PHI, notify you following a breach when required by law, and follow the duties and privacy practices described in the notice currently in effect. We may change this notice and make the revised notice effective for PHI we already have and information we receive in the future. The current notice will be available in our office, on request, and on any website we maintain that describes our services.

QUESTIONS OR COMPLAINTS

Privacy Officer Linda Smith
Phone 707-575-6033
Email linda@attendamed.com
Address Attenda Medical Group, Inc., 4750 Hoen Avenue, Suite B, Santa Rosa, CA 95405

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, D.C. 20201, or by calling 1-877-696-6775. Attenda will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received, or have been offered the opportunity to receive, a copy of Attenda Medical Group, Inc.'s Notice of Privacy Practices. My signature acknowledges receipt or the opportunity to receive the notice only; it does not authorize any use or disclosure of my health information beyond what is permitted by law.

Patient Name (print)

Date of Birth

Signature of Patient

Date

Parent/Legal Guardian/Personal Representative (if applicable)

Relationship to Patient

Signature of Parent/Legal Guardian/Personal Representative

Date

FOR OFFICE USE ONLY - IF ACKNOWLEDGMENT IS NOT OBTAINED

If the patient or personal representative refuses or is unable to sign, document the good-faith effort to obtain the acknowledgment and the reason it was not obtained.

Reason acknowledgment not obtained: _____

Staff member documenting good-faith effort: _____

Staff signature: _____ Date: _____