Notice of Privacy Practices

Jenny Lam, DPM, Inc. · 970 Dewing Ave., Suite 300, Lafayette, CA 94549 · (925) 268-0987 · lafayettepodiatrycare.com

Effective Date: November 15, 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.

Jenny Lam, DPM, Inc. (the "Practice") is required by law to maintain the privacy of your protected health information ("health information"), to provide you with this Notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured health information.

Privacy Officer: Jenny Lam, DPM · (925) 268-0987

How We May Use and Disclose Your Health Information

Treatment, Payment, and Health Care Operations. We may use and disclose your health information without your written authorization for the following purposes:

- **Treatment.** To provide or manage your care, including sharing information with other providers involved in your care, laboratories, imaging centers, and pharmacies.
- **Payment.** To bill and obtain payment from you, your health plan, or another third party, including verifying coverage and obtaining prior authorization.
- **Health Care Operations.** To operate the Practice, including quality assessment, staff training, licensing, accreditation, legal services, auditing, business planning, and the sale, transfer, or merger of the Practice, in which case your records may be transferred to the successor.

Business Associates. We may share your health information with vendors that perform services on our behalf, such as billing, electronic health records, and clinical documentation services. Each business associate is required by written agreement to protect your information.

Appointment Reminders and Health-Related Services. We may contact you to remind you of appointments or to inform you of treatment alternatives and health-related services that may be of interest to you.

Individuals Involved in Your Care. Unless you object, we may share relevant health information with a family member, friend, or other person you identify who is involved in your care or payment for your care. If you are unable to agree or object, we may use professional judgment to determine whether a disclosure is in your best interest.

Other Permitted or Required Disclosures. We may also use or disclose your health information without your authorization as permitted or required by law, including:

- When required by federal, state, or local law
- For public health activities, such as reporting disease, injury, or adverse events to public health authorities or the U.S. Food and Drug Administration
- To report suspected abuse, neglect, or domestic violence to appropriate authorities
- For health oversight activities, such as audits, investigations, and licensure
- In response to a court order, subpoena, or other lawful process
- To law enforcement officials as required or permitted by law
- To coroners, medical examiners, and funeral directors
- For organ and tissue donation
- For research, subject to applicable privacy protections
- To prevent or lessen a serious threat to the health or safety of you or others
- For specialized government functions, such as military and national security activities
- For workers' compensation or similar programs, as authorized by law

California Law. California law, including the Confidentiality of Medical Information Act, may provide greater protection for certain health information than federal law. Where California law is more protective, we will comply with California law. Certain information, such as HIV test results, mental health information, and genetic testing results, may be disclosed only as specifically permitted by law or with your written authorization.

Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your health information for:

- **Marketing** purposes, except face-to-face communications or promotional gifts of nominal value
- **Sale** of your health information
- **Psychotherapy notes**, in most circumstances

- **Photographs or video** used outside your medical record, such as for publication, education, or the Practice's website or social media
- Any other purpose not described in this Notice

You may revoke an authorization at any time by written notice to the Privacy Officer. Revocation will not affect any use or disclosure already made in reliance on your authorization.

Substance Use Disorder Treatment Records

If we receive or maintain records of substance use disorder treatment that are protected by federal law (42 C.F.R. Part 2), those records will not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you unless you provide specific written consent or a court issues an order that meets the requirements of federal law, accompanied by a subpoena or similar legal mandate.

If you have provided a single consent for the use and disclosure of such records for treatment, payment, and health care operations, we may use and redisclose those records as permitted by HIPAA.

Redisclosure

Health information disclosed under this Notice to a recipient that is not subject to federal privacy regulations may be redisclosed by the recipient and may no longer be protected by those regulations.

Your Rights

To exercise any of the following rights, submit a written request to the Privacy Officer.

- **Right to Access.** You may inspect and obtain a paper or electronic copy of your health information. Under California law, we will make records available for inspection within 5 business days and provide copies within 15 days of your request. A reasonable, cost-based fee may apply.
- **Right to Amend.** If you believe information in your record is incorrect or incomplete, you may request an amendment. We will respond within 60 days. If we deny your request, we will explain the reason in writing. Under California law, you may also submit a written addendum of up to 250 words for inclusion in your record.

- **Right to an Accounting of Disclosures.** You may request a list of certain disclosures we made of your health information during the six years before your request, other than those for treatment, payment, health care operations, or as authorized by you. We will respond within 60 days. The first accounting in any 12-month period is free; a reasonable, cost-based fee may apply to additional requests.
- **Right to Request Restrictions.** You may request limits on how we use or disclose your health information. We are not required to agree, except that we must agree to restrict disclosures to your health plan for services you have paid for in full out of pocket.
- **Right to Request Confidential Communications.** You may ask us to contact you in a specific way or at a specific location. We will accommodate all reasonable requests.
- **Right to Choose a Representative.** If you have given someone medical power of attorney or have a legal guardian, that person may exercise your rights on your behalf.
- **Right to a Paper Copy of This Notice.** You may receive this Notice electronically, such as by email, and may request a paper copy at any time.
- **Right to Be Notified of a Breach.** You will be notified if a breach occurs that may have compromised the privacy or security of your health information.

Our Duties

- We are required by law to maintain the privacy and security of your health information.
- We will notify you promptly 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 this Notice and provide you with a copy upon request.
- We will not use or share your information other than as described in this Notice unless you authorize us in writing.

Changes to This Notice

We reserve the right to change the terms of this Notice, and the changes will apply to all health information we maintain. The current Notice will be posted in our office and on our website, and a copy will be available upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the U.S. Department of Health and Human Services. **We will not retaliate against you for filing a complaint.**

- **The Practice:** Privacy Officer, Jenny Lam, DPM, Inc., 970 Dewing Ave., Suite 300, Lafayette, CA 94549, (925) 268-0987
- **U.S. Department of Health and Human Services, Office for Civil Rights:** 200 Independence Avenue, S.W., Washington, D.C. 20201 · 1-877-696-6775 · www.hhs.gov/ocr/complaints · Online portal: ocrportal.hhs.gov