



Yucca Valley, Ca 92284

760-228-2020

### **HIPAA Privacy Practices Notice**

**Effective Date: September 8, 2025**

**This notice describes how your health information may be used, disclosed, and how you can access it. Please review it carefully.**

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#### **Our Commitment to Your Privacy**

**We are required by HIPAA and other laws to protect your health information. This includes any identifiable information created or received during your care. We must notify you if a breach occurs that compromises your data.**

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#### **How We Use Your Information**

**We may use or share your health info without your authorization for:**

- **Treatment (e.g., exams, prescriptions, referrals)**
  - **Payment (e.g., insurance billing, collections)**
  - **Health Care Operations (e.g., audits, quality checks, compliance)**
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#### **Other Uses Without Authorization**

**We may also disclose your information when required by law, such as:**

- **Public health or safety reporting**
- **Abuse or neglect investigations**
- **Legal proceedings and subpoenas**
- **Medical examiners or funeral directors**
- **Health oversight (e.g., Medicare audits)**
  - **Organ donation coordination**
  - **Workers' compensation claims**
- **Research (under strict guidelines)**
- **National security or military use**

**We may also share limited or de-identified data or use business associates under contract.**

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#### **Uses Requiring Your Authorization**

**We will not use or disclose your health information for:**

- **Marketing purposes**
- **Selling your health information**
- **Psychotherapy notes (if applicable)**

**Unless you provide written authorization, these uses are prohibited. You may revoke your consent at any time in writing.**

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#### **Mobile Numbers & Personal Info**

**Your mobile number and personal details will not be sold or shared for marketing or promotional purposes.**

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#### **Your Rights**

**You have the right to:**


- **Request restrictions on how we use/disclose your data**
- **Request confidential communications**

- **Access and receive a copy of your health records**
    - **Request corrections to your health info**
    - **Receive a list of certain disclosures made**
  - **Designate another person to receive your health records**
    - **Revoke any prior authorization in writing**
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### **Contact Us**

**For questions, requests, or complaints about your privacy rights, contact:**

**Dottie Lopez or Mikayla Heller**

 **(760) 228-2020**

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### **Complaints**

**You may also file a complaint with the U.S. Department of Health and Human Services. We will not retaliate against you.**

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### **Changes to This Notice**

**We may update this notice and will post any changes on our website and in our office.**