HIPAA Notice of Privacy Practices

Alveida Health Group

Effective Date: July 23, 2026

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, HOW YOU CAN ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

At **Alveida Health Group**, we understand that your health information is among your most personal and sensitive information. Protecting your privacy is fundamental to the trust you place in our providers and staff. Every member of our organization is committed to maintaining the confidentiality, integrity, and security of your health information while providing you with high-quality, compassionate healthcare.

This Notice of Privacy Practices explains how we may use and disclose your Protected Health Information ("PHI"), your rights regarding that information, and our legal responsibilities under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and other applicable federal and Arizona laws.

Our goal is to ensure that you understand how your information is handled, why certain disclosures are permitted or required, and the choices available to you regarding your healthcare information.

Please read this Notice carefully. If you have questions after reviewing it, our Privacy Officer will be happy to assist you.

OUR COMMITMENT TO PROTECTING YOUR PRIVACY

Alveida Health Group is dedicated to protecting the privacy and security of every patient's Protected Health Information. We recognize that maintaining confidentiality is an essential part of providing quality healthcare and fostering trusting relationships with our patients.

Protected Health Information ("PHI") includes any information, whether written, electronic, or verbal, that identifies you and relates to:

- Your past, present, or future physical health;
- Your mental or behavioral health;
- Healthcare services you have received or may receive;
- Payment for healthcare services; or
- Any information that can reasonably be used to identify you as a patient.

Examples of PHI include, but are not limited to:

- Medical records
- Physician notes
- Diagnoses
- Laboratory and imaging results
- Medication histories
- Treatment plans
- Insurance information
- Billing records
- Appointment history
- Referral documentation
- Demographic information such as your name, address, date of birth, telephone number, and medical record number

We maintain this information in both electronic and paper formats and use administrative, technical, and physical safeguards designed to protect it from unauthorized access, use, alteration, or disclosure.
Every member of our workforce—including physicians, nurse practitioners, physician assistants, nurses, medical assistants, administrative personnel, contractors, volunteers, students, and business associates who perform services on our behalf—is expected to comply with our privacy and security policies and applicable federal and state laws.
We continually review and update our privacy and security practices to help ensure that patient information remains protected as technology, healthcare practices, and legal requirements evolve.

OUR LEGAL RESPONSIBILITIES

Federal law requires Alveida Health Group to protect the privacy of your Protected Health Information and provide you with this Notice describing our legal duties and privacy practices.
Specifically, we are required to:

- Maintain the privacy and security of your Protected Health Information.
- Provide you with this Notice of Privacy Practices.
- Abide by the terms of the Notice currently in effect.
- Notify you if a breach involving your unsecured Protected Health Information occurs, as required by federal law.
- Limit uses and disclosures of your information to the minimum amount necessary whenever applicable under HIPAA.
- Obtain your written authorization before using or disclosing your information when required by law.

We reserve the right to revise this Notice at any time. Any revisions will apply to all Protected Health Information maintained by Alveida Health Group, including information created or received before the revisions become effective.
Whenever significant changes are made, the updated Notice will be available at our office, provided upon request, and posted on our website.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Federal privacy laws permit healthcare providers to use and disclose Protected Health Information without your written authorization for certain purposes necessary to provide healthcare and operate a medical practice.
Whenever possible and appropriate, Alveida Health Group limits the information used or disclosed to the minimum amount necessary to accomplish the intended purpose. Certain disclosures made for treatment purposes are not subject to the minimum necessary standard because providers often require complete medical information to deliver safe and effective care.
The following sections explain the most common ways your information may be used or disclosed.

TREATMENT

One of the primary reasons we collect your health information is to provide safe, effective, and coordinated healthcare. Members of your healthcare team may use and share your Protected Health Information with one another to diagnose medical conditions, develop treatment plans, coordinate care, prescribe medications, monitor your progress, and ensure continuity of care.
Healthcare today often involves collaboration among multiple professionals. Depending on your medical needs, your information may be shared with physicians, nurse practitioners, physician assistants, nurses, behavioral health providers, specialists, pharmacists, laboratories, imaging facilities, hospitals, rehabilitation providers, home health agencies, and other healthcare professionals involved in your care.

For example, if your primary care provider refers you to a cardiologist, orthopedic specialist, behavioral health provider, or another medical professional, we may provide portions of your medical record that are relevant to your diagnosis and treatment. Likewise, laboratory results, imaging reports, medication lists, allergies, immunization records, and treatment histories may be shared among your treating providers to support informed clinical decision-making.

If you require emergency treatment or hospitalization, we may disclose information necessary for emergency medical personnel or hospital staff to provide timely and appropriate care.

We may also communicate with pharmacies regarding prescription medications, dosage adjustments, refill requests, medication interactions, and potential allergies to help ensure your treatment is safe and effective.

Electronic Health Record (EHR) systems may also allow authorized healthcare providers involved in your treatment to securely access your medical information when permitted by law and consistent with applicable privacy and security safeguards.

Our objective in sharing information for treatment purposes is always to provide coordinated, efficient, and high-quality healthcare while maintaining the confidentiality of your Protected Health Information.

PAYMENT

Alveida Health Group may use and disclose your Protected Health Information to obtain payment for the healthcare services we provide.

This process often requires communication with health insurance companies, Medicare, Medicaid, TRICARE, workers' compensation programs, accountable care organizations, health plans, or other entities responsible for paying for your care.

Information disclosed for payment purposes may include your diagnosis, procedures performed, dates of service, medical necessity documentation, provider information, and other details required to process healthcare claims.

We may also use your information to:

- Verify insurance eligibility and benefits.
- Obtain prior authorization for procedures or medications.
- Coordinate benefits between multiple insurance plans.
- Review claims for accuracy.
- Respond to insurance requests for additional information.
- Process patient billing statements.
- Collect outstanding balances.
- Conduct utilization review activities.

When necessary, we may disclose limited information to collection agencies or legal representatives acting on our behalf to collect unpaid accounts, consistent with applicable law and HIPAA requirements.

Throughout the payment process, we make reasonable efforts to disclose only the information necessary to complete the transaction while protecting your privacy.

HEALTHCARE OPERATIONS

In addition to using your Protected Health Information to provide treatment and obtain payment, Alveida Health Group may use and disclose your PHI to support our healthcare operations. These activities help us maintain high standards of patient care, improve our services, comply with legal requirements, and effectively manage our practice.

Healthcare operations include a broad range of administrative, financial, legal, educational, and quality improvement activities that allow us to deliver safe and effective healthcare.

Examples of healthcare operations include:

- Reviewing the quality and effectiveness of patient care.
- Evaluating the performance of our healthcare providers and staff.
- Conducting internal audits and compliance reviews.
- Improving patient safety and clinical outcomes.
- Managing electronic health record systems.
- Credentialing and licensing healthcare providers.
- Providing training and continuing education for our workforce.
- Responding to accreditation reviews conducted by recognized healthcare organizations.
- Managing business planning, budgeting, and financial operations.
- Conducting risk management and quality assurance activities.
- Investigating patient complaints and resolving concerns.
- Detecting and preventing fraud, waste, or abuse.
- Maintaining information technology systems and cybersecurity protections.

These activities are essential to operating a modern healthcare practice while maintaining compliance with federal and state laws.

Whenever possible, we limit the information used for healthcare operations to the minimum amount necessary to accomplish the intended purpose.

BUSINESS ASSOCIATES

Like many healthcare organizations, Alveida Health Group works with trusted third-party companies and professionals that assist us in operating our practice and providing services to our patients.

These organizations are known under HIPAA as **Business Associates**.

Business Associates may provide services such as:

- Electronic Health Record (EHR) systems
- Medical billing and coding
- Information technology support
- Cloud data hosting
- Secure data storage and backup
- Appointment scheduling systems
- Practice management software
- Payment processing
- Medical transcription
- Legal, accounting, and consulting services
- Document destruction services
- Secure communication platforms

In some situations, these organizations may require access to Protected Health Information in order to perform services on our behalf.

Before any Business Associate is permitted to receive PHI, HIPAA requires that we enter into a written Business Associate Agreement (BAA). These agreements require Business Associates to:

- Protect the privacy and security of your health information.
- Use your information only for authorized purposes.
- Report security incidents or privacy breaches.
- Comply with applicable HIPAA Privacy and Security Rules.
- Return or securely destroy Protected Health Information when appropriate.

We carefully select our Business Associates and expect them to maintain privacy and security standards comparable to our own.

APPOINTMENT REMINDERS AND HEALTH-RELATED COMMUNICATIONS

Providing timely communication is an important part of delivering quality healthcare.

Alveida Health Group may use your Protected Health Information to contact you regarding your healthcare, including:

- Appointment reminders
- Follow-up appointments
- Annual wellness visits
- Preventive care services
- Laboratory testing
- Diagnostic imaging
- Prescription refills
- Treatment recommendations
- Referral appointments
- Care coordination
- Healthcare benefits and services that may be appropriate for your medical condition

We may communicate with you using:

- Telephone calls
- Voicemail messages
- Text messages
- Secure electronic messaging
- Email
- Postal mail

Whenever possible, communications will include only the information necessary for the intended purpose.

If you would like us to communicate with you using a specific method or at a specific telephone number, mailing address, or email address, you may request confidential communications as described later in this Notice.

INDIVIDUALS INVOLVED IN YOUR CARE

Unless you object, or unless doing so would be inconsistent with your expressed wishes or best interests, we may share relevant portions of your Protected Health Information with family members, close friends, caregivers, or other individuals involved in your healthcare or payment for your healthcare.

For example, we may:

- Discuss your treatment plan with a spouse you have identified as participating in your care.
- Provide prescription information to a family member picking up medication on your behalf.
- Discuss discharge instructions with a caregiver.
- Share limited information necessary for transportation or home healthcare services.
- Notify family members of your location or general condition during an emergency when appropriate.

If you are unable to communicate your preferences because of illness, injury, or incapacity, our healthcare providers may use professional judgment to determine whether sharing information is in your best interest.

You may request restrictions on these disclosures whenever permitted by law.

PUBLIC HEALTH ACTIVITIES

Federal and Arizona laws require healthcare providers to report certain health information to authorized public health agencies.

We may disclose your Protected Health Information for purposes such as:

- Reporting communicable diseases.
- Reporting certain infections.
- Reporting adverse reactions to medications.
- Reporting product defects or recalls.
- Reporting births and deaths.
- Reporting occupational illnesses or injuries.
- Reporting child abuse or neglect.
- Reporting elder abuse or vulnerable adult abuse when required by law.
- Assisting public health authorities in preventing or controlling disease, injury, or disability.

These disclosures help protect both individual patients and public health.

HEALTH OVERSIGHT ACTIVITIES

We may disclose your Protected Health Information to government agencies responsible for overseeing the healthcare system.

Examples include agencies responsible for:

- Licensing healthcare providers.
- Conducting inspections.
- Performing audits.
- Investigating complaints.
- Monitoring healthcare quality.
- Enforcing healthcare regulations.
- Preventing healthcare fraud and abuse.

Health oversight agencies include federal and state departments responsible for ensuring healthcare organizations comply with applicable laws and regulations.

REQUIRED BY LAW

We may use or disclose your Protected Health Information whenever federal, state, or local law requires us to do so.

Examples include responding to:

- Court orders.
- Judicial proceedings.
- Administrative proceedings.
- Subpoenas.
- Search warrants.
- Reporting obligations established by law.

Whenever possible, we will verify that requests for information are legally valid before making any disclosure.

LAW ENFORCEMENT

Under certain circumstances, HIPAA permits us to disclose Protected Health Information to law enforcement officials.

Examples include:

- Identifying or locating a suspect, fugitive, witness, or missing person.
- Reporting crimes occurring on our premises.

- Responding to court orders or lawful legal process.
- Reporting certain injuries, including gunshot wounds or other injuries when required by law.
- Assisting with investigations authorized by law.

Whenever practical, we disclose only the information necessary to satisfy the legal request.

SERIOUS THREATS TO HEALTH OR SAFETY

We may use or disclose Protected Health Information when we believe, in good faith, that doing so is necessary to prevent or lessen a serious and imminent threat to the health or safety of you, another individual, or the public. Such disclosures will be made only to individuals or organizations reasonably able to help prevent or reduce the threat, consistent with applicable law and professional standards.

DISASTER RELIEF

If you are affected by a disaster or emergency situation, we may disclose limited information to organizations authorized to assist in disaster relief efforts.
These organizations may include emergency management agencies, disaster response organizations, or other entities assisting with locating family members, coordinating care, or providing emergency assistance.
Such disclosures help reunite families and ensure continuity of medical care during emergencies.

ELECTRONIC COMMUNICATIONS

Alveida Health Group may communicate with you by telephone, voicemail, email, text message, or postal mail regarding appointments, billing, prescription refills, follow-up care, or other healthcare-related matters. While we take reasonable steps to protect your information, standard email and text messaging are not always encrypted and may carry certain privacy risks. By providing your email address or mobile phone number, you acknowledge these risks and consent to receive communications from us using the contact information you provide. If you prefer that we communicate with you only through certain methods, please notify our office. We will make reasonable efforts to accommodate your request when feasible and consistent with applicable law.

HOW WE PROTECT YOUR INFORMATION

Explain, in patient-friendly language, that Alveida Health Group uses administrative, technical, and physical safeguards to protect PHI. Mention secure computer systems, role-based access, workforce training, password protections, secure disposal of records, and periodic security reviews. This reassures patients and reinforces your commitment to privacy without disclosing sensitive security details.