

## **Notice of Privacy Practices (NPP)**

**Effective Date:** Feb. 1, 2026

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **1. Our Legal Duty**

We are required by law to maintain the privacy of your protected health information (PHI), to provide you this notice of our legal duties and privacy practices, and to **notify you following a breach of unsecured PHI**. We must follow the privacy practices described in this Notice while it is in effect.

### **2. Uses and Disclosures (Treatment, Payment, Operations)**

- **Treatment:** We may use or disclose your health information to a specialist, pharmacist, or other healthcare provider providing treatment to you.
- **Payment:** We may use and disclose your health information to obtain payment for services we provide to you (e.g., submitting claims to your dental insurance).
- **Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations, such as quality assessment and improvement activities or provider training.

### **3. New Protections & Prohibitions (2024/2026 Updates)**

- **Reproductive Health Care:** We are prohibited from using or disclosing your PHI to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
- **Substance Use Records:** If we receive records protected by 42 CFR Part 2, we will only disclose them with your specific written consent or as permitted by law for TPO (Treatment, Payment, Operations) purposes.
- **Psychotherapy Notes:** Most uses and disclosures of psychotherapy notes (if applicable) require your written authorization.
- **Sale of PHI/Marketing:** We will never sell your PHI or use it for marketing purposes without your express written authorization.

#### 4. Your Rights

- **Access:** You have the right to look at or get copies of your health information, with limited exceptions. You may request these in digital or paper format. We may charge a **reasonable, cost-based fee** for copies.
- **Disclosure Accounting:** You have the right to a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, healthcare operations, and certain other activities.
- **Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these except in the case of a disclosure to a health plan for a service you paid for **entirely out-of-pocket**.
- **Alternative Communication:** You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations.

#### 5. Questions and Complaints

For more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services.

**Privacy Officer:** Shawn Kim

**Telephone:** (213) 381-2828

**Address:** 621 S Western Ave #201, Los Angeles, CA 90005