EVERTON

HEALTH & WELLNESS

HIPAA & CALIFORNIA

Notice of Privacy Practices

Your information. Your rights. Our responsibilities.

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.

EFFECTIVE DATE	VERSION	QUESTIONS
November 15, 2026	1.0	Privacy Officer · concierge@evertonwellness.com

WHO THIS NOTICE COVERS

This notice applies to Everton Health & Wellness, a California Physician Assistant Corporation ("Everton," "we," "us"), and to everyone who provides care or support on our behalf, including our clinicians, our collaborating physician, staff, and contractors. Everton provides concierge care by telehealth to patients located in California. We are required by law to protect the privacy of your health information, to give you this notice of our legal duties and privacy practices, and to follow the notice currently in effect.

AT A GLANCE

Your rights

- Get a copy of your health record
- Ask us to correct your record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of those we've shared with
- Get a copy of this notice
- Choose someone to act for you
- File a complaint without retaliation

Your choices

- What we tell family and friends
- Whether we may use your story, photos, or results in testimonials
- How we contact you
- We never sell your information or use it for marketing without your written permission

How we use it

- To treat you
- To run our practice
- To process payment for your care
- For public health and safety
- To comply with the law
- To respond to legal and government requests, within the limits of federal and California law

SECTION 01

Your rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- Much of your record (visit summaries, care plans, lab results, and messages) is available in your secure patient portal at any time.
- You may ask to see or get a copy of your full medical record and other health information we have about you. Send your request through the patient portal or in writing to our Privacy Officer.
- Under California law, we will let you inspect your records within **5 working days**, and send you copies (paper or electronic, in the format you ask for if we can readily produce it) within **15 days** of receiving your written request. You may also ask us to send a copy directly to another person you name.
- We may charge a reasonable, cost-based fee allowed by federal and California law. We will not charge for records you need to support an appeal for certain public benefits, as California law provides, and we will not withhold records because of an unpaid balance.
- In limited cases we may deny part of a request. If we do, we will tell you why in writing and explain how you can have the denial reviewed.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask through the patient portal or in writing.
- We may say “no,” but we will tell you why in writing within 60 days, and you may submit a statement of disagreement.
- California law also gives you the right to add a written addendum of up to 250 words for each item you believe is incomplete or incorrect. We will attach it to your record and include it whenever we share that part of your record.

Request confidential communications

- You can ask us to contact you in a specific way (for example, only through the patient portal, or only by your mobile phone or a personal email address) or to send mail to a different address.
- We will say “yes” to all reasonable requests, and we will not ask you why.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information with your health insurer for payment or operations. We will say “yes” unless a law requires us to share it.
- Everton is a cash-pay practice and does not bill health insurance directly. If you ask us for a superbill or receipt, you decide whether to submit it to your insurer, HSA, or FSA administrator.

Get a list of those with whom we've shared information

- You can ask for a list (an "accounting") of the times we've shared your health information for up to six years before the date you ask, who we shared it with, and why.
- We will include all disclosures except those for treatment, payment, and health care operations, and certain others (such as any you asked us to make). We will provide one list a year for free and may charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically. We will provide it promptly. It is also posted at evertonwellness.com/privacy and in your patient portal.

Choose someone to act for you

If you have given someone medical power of attorney, or if someone is your legal guardian or conservator, that person can exercise your rights and make choices about your health information. We will confirm the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain to us by contacting our Privacy Officer using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

SECTION 02

Your choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to

- Share information with your family, close friends, or others involved in your care or in paying for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information in these cases unless you give us written permission

- Marketing purposes.

- Sale of your information. Everton does not sell health information.
- Testimonials, reviews, case stories, or before-and-after photos or results, on our website, social media, printed materials, or anywhere else.
- Most sharing of psychotherapy notes. Everton does not currently keep psychotherapy notes.

Workshops, events, and social media

We will not identify you as an Everton patient at workshops, community events, or dinners we host or attend, or on social media, without your written permission. Information you choose to share in a group setting is not part of your medical record.

Fundraising

Everton does not conduct fundraising. If that ever changes, we may contact you only as the law allows, you may tell us not to contact you again, and we will not use substance use disorder records protected by federal law (described in Section 04) for fundraising unless we first give you a clear and conspicuous opportunity to opt out.

SECTION 03

Our uses and disclosures

How do we typically use or share your health information?

Treat you

We use your health information and share it with others who are treating you. **Examples:** your Everton clinician reviews your labs and history to build your care plan; we send prescriptions to your pharmacy; we order and receive lab results; we consult with our collaborating physician; with your agreement we send visit notes to your primary care provider or specialists so your care team stays coordinated; and we share recommended supplements with the dispensary partner that fills your order.

Run our practice

We use and share your health information to run our practice, improve your care, and contact you when necessary. **Examples:** our collaborating physician reviews patient charts under the practice agreement California law requires; we review care quality and safety; and we work with professional advisors (such as attorneys, accountants, and auditors) and technology vendors who help us operate. Vendors that handle your information on our behalf, such as our electronic health record and patient portal, e-prescribing, laboratory ordering, and secure communication services, must sign agreements requiring them to protect it.

Process payment for your care

We use your information to process membership and service payments, including HSA and FSA card payments, and to prepare superbills or receipts you request. Payment processors receive only the information needed to complete a transaction.

Reminders and care communications

We may contact you through the patient portal, email, text message, or phone to confirm appointments, share lab results, follow up on your care, or tell you about treatment options and services related to your care. Standard email and text messages may not be encrypted. You can ask us to use only the secure patient portal for anything other than appointment reminders.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications to the FDA
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research only as the law allows, such as with your written authorization or with approval from a research review board. Everton does not currently take part in research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official, as the law allows
- With health oversight agencies for activities authorized by law, such as licensing reviews by the Physician Assistant Board of California
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena, as the law allows.

SECTION 04

Extra protections under California and federal law

Where California law protects your information more than federal law, we follow the more protective rule.

California Confidentiality of Medical Information Act

California law generally requires your written authorization before we share your medical information, except for purposes the law specifically permits, such as treatment, payment, and the other purposes described above. We will not share your medical information with your employer without your written authorization unless the law allows it.

Especially sensitive information

Some information receives additional protection, and we will share it only as state and federal law allow. This includes HIV test results, mental health information, substance use disorder treatment records, genetic test results, and information about sexual and reproductive health care (including contraception and abortion) and gender-affirming care.

Reproductive health and gender-affirming care

As California law requires, we will not release medical information about a person seeking or obtaining an abortion, or seeking or obtaining gender-affirming health care or gender-affirming mental health care, in response to a subpoena or request based on another state's law that interferes with rights protected in California. To the extent permitted by federal law, we will not cooperate with inquiries from out-of-state or federal agencies that would identify a person in connection with this care when it is lawful in California.

Substance use disorder records (42 C.F.R. Part 2)

Everton is not a federally assisted substance use disorder treatment program. However, we may receive records from another provider that are protected by federal law at 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2. If we receive or keep those records, we will not use or share them, or testimony about their contents, in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give us your specific written consent, or a court issues an order (accompanied by a subpoena) after giving you notice and an opportunity to be heard, as the law requires. This applies in all of the situations described in this notice.

Minors

Everton's services are designed for adults. If we ever provide care to a minor, California law lets minors consent to certain services on their own, and in those cases we will share information with a parent or guardian only as the law allows.

Telehealth visits

Your visits take place over secure video or phone services that meet federal privacy and security requirements. We do not record visits without your consent.

SECTION 05

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing. Your change will not affect anything we already did with your permission.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, in your patient portal, and on our website, and it will show its effective date.

SECTION 06

Contact our Privacy Officer

For questions about this notice, to exercise any of your rights, or to file a complaint with us.

Cristina Castellanos Jimenez, PA-C

President & Privacy Officer · Everton Health & Wellness

EMAIL
concierge@evertonwellness.com

PHONE
[Practice phone number]

MAIL
[Practice mailing address]

ONLINE
Secure message through your patient portal · evertonwellness.com/privacy

Effective November 15, 2026. This notice was prepared to meet the requirements of the HIPAA Privacy Rule (45 C.F.R. § 164.520), as updated for substance use disorder record protections effective February 16, 2026, and applicable California law.

EVERTON

HEALTH & WELLNESS

PATIENT COPY · RETURN TO EVERTON

Acknowledgment of Receipt

Notice of Privacy Practices, effective November 15, 2026

I acknowledge that I have received, or have been given the opportunity to review, the Everton Health & Wellness **Notice of Privacy Practices**, which describes how my health information may be used and shared and explains my rights. I understand that I may ask questions about the notice, request a paper copy at any time, and that Everton may update the notice as described in it. Signing this form does not give permission for any use or disclosure beyond what the notice describes.

PATIENT FULL NAME (PRINT) _____ DATE OF BIRTH _____

PATIENT SIGNATURE _____ DATE _____

If signed by a personal representative

REPRESENTATIVE NAME (PRINT) AND SIGNATURE _____ DATE _____

RELATIONSHIP TO PATIENT AND LEGAL AUTHORITY (E.G., MEDICAL POWER OF ATTORNEY, GUARDIAN, CONSERVATOR) _____

My communication preferences OPTIONAL · YOU MAY CHANGE THESE AT ANY TIME

☐ Secure patient portal (always available)

☐ Email: _____

☐ Text message to: _____

☐ Phone call to: _____

☐ Everton may leave a detailed voicemail about my care. ☐ Callback request only.

☐ I understand standard email and text messages may not be encrypted, and I accept that risk for the methods I checked above.

People involved in my care OPTIONAL

Everton may discuss my care, appointments, or payment with the person(s) below.

NAME _____ RELATIONSHIP _____ PHONE _____

FOR EVERTON USE ONLY

If a signed acknowledgment could not be obtained, document the good-faith effort.

Notice provided on _____ by ☐ portal ☐ email ☐ in person

☐ Patient declined to sign ☐ Not returned after request ☐ Emergency/other: _____

Staff initials _____ Date _____