



Notice of Privacy Practices

Your information and your rights

Please review this notice carefully

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Who this notice covers

This notice applies to Family Medical Inc., doing business as Family Medical, and its workforce providing medical equipment and supplies. Protected health information includes identifying information linked to your health, equipment, services or payment. This notice covers information we keep on paper, electronically and in other forms.

Questions, requests or privacy complaints

Joe Gracia, Privacy Officer

Family Medical, 592 Lincoln Ave, Napa, CA 94558

Phone: **707-363-1607** | Fax: 707-230-5566

Monday-Friday, 8 a.m.-6 p.m.; closed weekends.

If your concern involves Joe, ask for **Neanna Gracia, Vice President**, at the same contact information. You may call, visit or write to us. We will explain how to submit a request, verify identity and assist you with any needed written request.

See or obtain your records

You may request inspection or an electronic or paper copy of the health and billing records we maintain about you. Tell us the records and format you want. We will provide a readily producible requested format or agree on an alternative. We respond within the applicable legal deadline, ordinarily no later than 30 days under HIPAA, and sooner when California law requires. If a lawful extension is needed, we will explain it in writing. Any fee will be limited to what the law permits. If access is denied, we will give the reason in writing and explain any right to review or complain.

Request a correction

Ask us in writing to amend information you believe is inaccurate or incomplete, and explain why. We normally respond within 60 days. If an extension is permitted and needed, we will notify you in writing. If we deny your request, we will explain why and how you may submit a statement of disagreement.

Choose how we contact you

You may request that we contact you in a particular way or at another address or phone number. We accommodate reasonable requests. Tell us your preference using the contact information above. You may decline optional text messages or reply STOP to opt out of that messaging program.



Your rights and choices

Ask us to limit information use or sharing

You may ask us to restrict information used or shared for treatment, payment or healthcare operations, or shared with people involved in your care. We are not required to agree to every request, but will follow restrictions we accept, subject to lawful exceptions such as emergency treatment. **If you pay in full out of pocket for an item or service and ask us not to disclose that information to your health plan for payment or healthcare operations, we must honor the request unless disclosure is required by law.** Tell us before we submit the information to your plan.

Obtain a disclosure accounting

You may request a list of certain disclosures made during the six years before your request, including who received information and why. This generally excludes disclosures for treatment, payment or healthcare operations, those made with your authorization, and other disclosures exempted by law. The first accounting in a 12-month period is free. We will tell you about any permitted charge for additional accountings before proceeding.

Receive a paper notice and use a representative

You may obtain a paper copy of this notice at any time, even if you previously agreed to electronic delivery. A legally authorized personal representative may exercise your rights as permitted by law. We verify the representative's authority and apply any legal limits.

Family, caregivers and disaster relief

You may tell us whether to share relevant information with family, friends or others involved in your care or payment. We generally give you an opportunity to agree or object. If you cannot express a preference, we may share relevant information when permitted by law and in your best interests. Similar rules apply to disaster-relief notifications. Special confidentiality rules described on page 4 still apply.

Uses that require written authorization

We obtain your written authorization for uses and disclosures not described in this notice or otherwise permitted or required by law. This includes marketing, sale of health information, and most uses or disclosures of psychotherapy notes where authorization is required. You may revoke an authorization by writing to our Privacy Officer. Revocation does not undo actions already taken in reliance on it. An acknowledgment that you received this notice is not a blanket authorization to release your records.

Fundraising choices

If we contact you for fundraising, you may tell us not to contact you again, without affecting your care or payment. If fundraising would use records protected by 42 CFR Part 2, we will first give clear notice and an opportunity to choose not to receive those communications.



How information may be used or shared

Equipment, supplies and coordination of care

We may use and share information to provide and coordinate your care. For example, we may contact your prescriber to clarify an equipment order or obtain information needed to fit an item safely. We may contact you about your order, equipment, service needs, or care-related alternatives and benefits.

Payment

We may use and disclose information to determine benefits, obtain authorization, submit claims and collect lawful payment. For example, we may send your health plan an order, supporting medical information and proof that equipment was provided.

Healthcare operations and service providers

We may use and share information for quality improvement, patient satisfaction activities, staff training, accreditation, audits and business administration, as permitted by law. Contractors helping us with functions such as billing, records or communications must safeguard information under applicable law and required agreements. We limit access and disclosures as required by law.

Public health, safety and oversight

When legally permitted or required, we may disclose information for public health reporting, product recalls, medical-device safety reports, suspected abuse, neglect or domestic violence, or to reduce a serious and imminent threat. We may provide information to authorized oversight agencies for inspections, audits and investigations, and to the U.S. Department of Health and Human Services to evaluate privacy compliance.

Legal proceedings and government functions

We may disclose information as required by law or for permitted workers' compensation, law-enforcement, court or administrative proceedings. We evaluate the legal basis and applicable safeguards before responding; a request alone does not authorize release. Permitted disclosures may also include military, national-security, protective-service and correctional-health or safety functions. The additional restrictions on page 4 apply to these requests too.

Other legally permitted disclosures

Subject to applicable safeguards, information may be disclosed to coroners, medical examiners, funeral directors or organ-procurement organizations. Information may be used or shared for research only when legal requirements, including required permissions or approved waivers, are satisfied. These descriptions explain legal permissions; they do not mean that Family Medical routinely performs each activity.



Additional protections and our responsibilities

California and specially protected information

When California or another applicable law provides greater privacy protection, we follow that law. Some information, including certain mental-health, HIV-testing and substance-use records, has additional consent or disclosure restrictions. We obtain the required permission or confirm a specific legal exception before release. California protections may also restrict disclosures involving reproductive or gender-affirming care and certain out-of-state investigations. The general permissions on page 3 do not override these protections.

Substance use disorder records: 42 CFR Part 2

If we receive substance use disorder patient records protected by 42 CFR Part 2, we apply the additional protections governing those records. We will not use or disclose those records, or testimony describing their contents, in civil, criminal, administrative or legislative investigations or proceedings against you without your written consent or a qualifying court order and subpoena. A court order must satisfy the applicable notice and opportunity-to-be-heard requirements. These protections apply even when another paragraph in this notice generally permits disclosure.

Our legal duties

We must protect the privacy of your health information, give you this notice and follow the duties and practices it describes. We must notify you as required by law if a breach compromises the privacy or security of your unsecured protected health information. We do not use or disclose information beyond this notice unless the law permits or requires it or you give the necessary written authorization.

Complaints without retaliation

Contact Joe Gracia at 707-363-1607 or write to the address on page 1. For concerns involving Joe, contact Neanna Gracia. You may also complain directly to the **U.S. Department of Health and Human Services, Office for Civil Rights**:

200 Independence Avenue, S.W., Washington, DC 20201

Phone: 1-877-696-6775

www.hhs.gov/hipaa/filing-a-complaint/index.html

We will not retaliate against you for making a complaint or exercising your privacy rights. You do not have to complain to us before contacting HHS.

Changes and copies

We reserve the right to revise this notice and apply the revised terms to all health information we maintain, including information already received. A revised notice will show its effective date and be available at our store, upon request and on our service website. Ask us for a copy or assistance reading this notice.

Effective date

October 10, 2026

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