Notice of Privacy Practices

Spruce Multispecialty Group

Effective Date: **September 16, 2026**

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.

Privacy Contact: Connie Torrez

Address: 7015 N Chestnut Ave, Suite 101, Fresno Ca 93720

Phone: (559) 439-5757

Email: CTorrez@npimmg.com

Website: www.sprucemultispecialtygroup.com

Your Information. Your Rights. Our Responsibilities.

This notice explains how Spruce Multispecialty Group may use and disclose your medical information, your rights regarding that information, and our responsibilities for protecting it.

Your Rights

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list of certain disclosures of your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have choices about how we use and share information when we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services or sell your information

Our Uses and Disclosures

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues

- Conduct health research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena, as required by law.

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

- You may ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to do this.
- We will provide copies within the time required by applicable law. In California, copies are generally provided within 15 days after we receive a written request. We may charge a reasonable, cost-based fee as permitted by law.

Ask us to correct your medical record

- You may ask us to correct health information about you that you believe is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You may ask us to contact you in a specific way, such as at home, at work, or by cell phone, or to send mail to a different address.
- We will agree to all reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment, or health care operations. We are not required to agree, and we may deny the request if, for example, it could affect your care. If we agree, we may still share the information if you need emergency treatment.
- If you pay for a service or health care item out of pocket in full, you may ask us not to share information about that service or item with your health insurer for payment or health care operations. We will agree unless a law requires us to share the information.

Get a list of certain disclosures

- You may ask for a list, called an accounting, of certain times we disclosed your health information during the six years before the date of your request, including who received it and why.
- The accounting will not include disclosures for treatment, payment, or health care operations and certain other disclosures, including disclosures you asked us to make. We will provide one accounting in a 12-month period at no charge. We may charge a reasonable, cost-based fee for an additional accounting during the same 12-month period.

Get a copy of this privacy notice

- You may ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

Choose someone to act for you

- If someone has legal authority to act as your personal representative, such as under a medical power of attorney or as a legal guardian, that person may exercise your rights and make choices about your health information.
- We will verify that the person has this authority before taking action.

File a complaint if you believe your rights were violated

- You may complain by contacting Connie Torrez at (559) 439-5757 or by using the address or email address listed at the beginning of this notice.
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mailing a letter to 200 Independence Avenue SW, Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint.
- We will not retaliate against you for filing a complaint.

Your Choices

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

In these cases, you have both the right and the choice to tell us to:

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

Spruce Multispecialty Group does not maintain a hospital directory.

If you are unable to tell us your preference, such as when you are unconscious, we may share information if we believe doing so is in your best interest. We may also share information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we will not share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Fundraising: We do not use health information for fundraising.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We may use your health information and share it with other professionals who are treating you.

> Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We may use and share your health information to operate our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We may use and share your health information to bill and obtain payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually for purposes that contribute to the public good, such as public health and research. We must meet legal conditions before sharing information for these purposes.

In all cases, if we maintain substance use disorder patient records subject to 42 CFR Part 2, we cannot use or disclose information from those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your written consent or (2) a court order and subpoena, as required by law.

Help with public health and safety issues

We may share health information about you in certain situations, including:

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

Conduct health research

We may use or share your information for health research when permitted by law.

Comply with the law

We will share information about you when state or federal law requires it, including with the U.S Department of Health and Human Services if it asks to determine whether we are complying with federal privacy law.

Respond to organ and tissue donation requests

We may share health information with organ procurement organizations.

Work with a medical examiner or funeral director

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

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

We may use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions, including military, national security, and presidential protective services

Respond to lawsuits and legal actions

We may share health information about you in response to a court or administrative order or in response to a subpoena, as permitted by law.

Additional Protections Under California Law

California law may provide greater protection for certain health information. When applicable, we will follow California requirements governing the use and disclosure of sensitive information, including certain mental health, substance use disorder, HIV or AIDS, genetic, and reproductive or sexual health information. We will obtain written authorization before using or disclosing such information when California law requires authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you 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 provide you a copy.
- We will not use or share your information other than as described in this notice unless you authorize us in writing. If you authorize us, you may change your mind at any time by notifying us in writing.

For additional information about your rights under HIPAA, visit www.hhs.gov/hipaa/for-individuals.

Changes to the Terms of This Notice

We may change the terms of this notice. Any changes will apply to all health information we maintain about you. The revised notice will be available upon request, in our office, and on our website.

Notice Coverage

This notice applies to Spruce Multispecialty Group, the following providers, and service location listed below:

Michael W. Lynch

Dickran H. Gulesserian

Spruce Multispecialty Group

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Fresno, CA 93720