



Notice of Privacy Practices

Effective Date: November 2025

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.

SUMMARY OF YOUR RIGHTS AND OUR DUTIES

This notice explains how we protect your health information, how we may use and share it, and what rights you have. If you have any questions or want to exercise your rights, contact our Privacy Officer at compliance@allvalleycares.com.

OUR COMMITMENT TO YOUR PRIVACY

All Valley Urgent Care is committed to protecting your protected health information ("PHI"). This includes your medical records and any information related to your care or payment for services. This Notice applies to all All Valley Urgent Care locations, staff, employees, contractors, and providers involved in your care.

We are required by law to:

- Protect the privacy of your PHI.
- Provide you with this Notice.
- Follow the terms of this Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

We may use or disclose your PHI for the following permitted purposes:

TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, or other urgent care personnel who are involved in taking care of you. We may also disclose medical information about you to people outside the urgent care who may be involved in your medical care after you leave the urgent care, such as physicians to whom you may be referred.

We may use your information to provide medical treatment and share necessary information with doctors, nurses, technicians, and others involved in your care.

PAYMENT

We may disclose medical information about you so that the treatment and services you receive at the urgent care may be billed to and payment may be collected from you, an insurance party or a third party. For example, we may need to give your health plan information about minor surgery or procedures you received at the urgent care so your health plan will pay us or reimburse you for the surgery or procedure.

We may use or disclose your information so we can bill and receive payment from you, your insurance company, or a third party.

HEALTHCARE OPERATIONS

We may use your information for activities such as quality improvement, staff training, and accreditation.

HEALTH-RELATED SERVICES

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you. We may use your PHI to inform you about health-related products or services that may benefit you.

INDIVIDUALS INVOLVED IN YOUR CARE

With your authorization, we may share limited information with a family member, friend, or caregiver involved in your care or responsible for payment. We may also give information to someone who helps pay for your care. As required by law, we will disclose medical information about you when required to do so by federal, state or local law.

REQUIRED BY LAW

We will disclose PHI when required to do so by federal, state, or local law. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

AVERTING A SERIOUS THREAT

We may disclose PHI to prevent a serious threat to your health or safety or the health or safety of others. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

We may disclose PHI for:

- Public health activities
- Reporting abuse or neglect
- Regulatory oversight
- Legal matters (court orders, subpoenas)
- Law enforcement purposes
- Coroner, medical examiner, or funeral director duties
- National security activities
- Workers' compensation claims
- Correctional health if you are in custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

RIGHT TO INSPECT AND COPY

You may request to review or receive a copy of your medical or billing records. Requests must be submitted in writing to the designated Medical Records clerk or the Privacy Officer. Reasonable copying and mailing fees may apply.

RIGHT TO AMEND

If you believe your information is incorrect or incomplete, you may request an amendment in writing. We may deny your request in certain cases, but you may submit a written statement to be included in your record. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the urgent care will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the urgent care.

We will not process your request if it is not in writing or does not explain why you think the amendment is appropriate. We will act on your request within 60 days (or 90 days if the extra time is needed), and will inform you in writing as to whether the amendment will be made or denied.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that;

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not part of the medical information kept by or for the urgent care
- is not part of the information which you would be permitted to inspect and copy or is accurate and complete

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record, we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You may request a list of certain disclosures we have made of your PHI. The first list within a 12-month period is free. This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law. The list will not include certain disclosures that are a byproduct of another use or disclosure permitted under our privacy policies or by law, those made under an authorization provided by you, those made directly to you or your family or friends or through our facility directory, or for disaster relief purposes. Neither will the list include disclosures we have made for national security purposes or to law enforcement personnel, or disclosures made before April 14, 2003.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at All Valley Urgent Care at the address listed at the end of this notice. Your request must state a time period that may not be longer than six years. We will respond to your request within 60 days (or 90 days if the extra time is needed). Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You may request limits on how we use or disclose your PHI. We are not required to agree unless you request that we not share information with your health plan for a service you paid for in full out-of-pocket.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer at

All Valley Urgent Care at the address listed at the end of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

RIGHT TO CONFIDENTIAL COMMUNICATIONS

You may request that we contact you in a specific way (e.g., only at work or by mail). We will accommodate reasonable requests. To request confidential communications, you must make your request to the Privacy Officer at All Valley Urgent Care at the number provided at the end of this notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY

You may request a paper copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, please contact the Privacy Officer at All Valley Urgent Care at the number provided at the end of this notice, or by requesting the front office personnel to print a copy while you are at the urgent care.

RIGHT TO BREACH NOTIFICATION

You have the right to be notified if a breach occurs that may have compromised the privacy or security of your PHI.

VIDEO SURVEILLANCE

For security purposes, All Valley Urgent Care uses video cameras in public and common areas. Cameras are not placed in exam rooms, bathrooms, or other private areas. By entering our facilities, you consent to video monitoring. Video recordings are not linked to your medical records and are used solely for safety and security purposes.

CHANGES TO THIS NOTICE

We may revise this Notice at any time. The revised Notice will apply to all PHI we maintain and will be posted at all clinic locations. We reserve the right to change our privacy practices and to make any such change applicable to the personal health information we obtained about you before the change. If there is a material change in our practices, we will revise this Notice to reflect such change. We will post a copy of the current notice in the urgent care. The notice will contain the effective date on the first page. In addition, each time you register at the urgent care for treatment or healthcare services, we will make available the current notice in effect.

COMPLAINTS

Privacy Officer
All Valley Urgent Care
2026 N Imperial Ave Ste C
El Centro, CA 92243
Email: compliance@allvalleycares.com
Phone: 760-273-5323

If you believe your privacy rights have been violated, you may file a complaint with the urgent care or with the Office of Civil Rights, U.S. Department of Health and Human Services. To file a complaint with the urgent care, contact the Privacy Officer at All Valley Urgent Care at the address listed at the end of this notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses and disclosures to medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.