HEALTH ALLIANCE MEDICAL GROUP

Notice of Privacy Practices

Effective date: September 7, 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.

Our practice and privacy contact

This notice applies to Health Alliance Medical Group and its clinicians, employees, and other workforce members when they provide services for our practice at either office, including care provided by telephone or video when available.

Privacy contact: Dr. William Tzeng
Call **(626) 965-8202** and ask for the privacy contact.
Fax: **(626) 964-9893**
Website: **www.healthalliancemedical.com**

You may mail a privacy request or complaint to Dr. William Tzeng, Health Alliance Medical Group, 17170 Colima Road, Suite G, Hacienda Heights, CA 91745. You may also deliver it to either office:

- **Hacienda Heights:** 17170 Colima Road, Suite G, Hacienda Heights, CA 91745.
- **Monterey Park:** 420 North Garfield Avenue, Suite 205, Monterey Park, CA 91754.

Outside laboratories, pharmacies, hospitals, specialists, and health plans may have their own privacy notices. This notice describes our practice's responsibilities, not every other organization's practices.

Your health information rights

See or receive your records. You may ask to inspect or obtain a paper or electronic copy of medical and billing information used to make decisions about you. Contact our office and identify the records you want. We will verify your identity and help explain the request process. Subject to applicable legal exceptions, California law allows inspection within five working days and generally requires copies to be transmitted within 15 days after we receive the request. We will provide a readily available requested format or work with you on another readable format. Any fee must be reasonable, cost-based, and allowed by law; some records must be provided without charge. We will not withhold records because of an unpaid treatment bill. If we deny access, we will explain the reason and any right to review in writing.

Your privacy rights, continued

Ask for a correction or add your own statement. If you believe information is wrong or incomplete, send us a written amendment request explaining what should change and why. We generally respond within 60 days. If a legally permitted extension is needed, we will explain the delay and response date in writing. We may deny a request for reasons allowed by law, but we will explain the denial and how to submit a statement of disagreement. California law also lets you submit a written addendum of up to 250 words for each item you believe is incorrect or incomplete after inspecting your records. Ask us to attach it to your record; it will accompany disclosures of the disputed information as required by law.

Ask for confidential contact. You may ask us to contact you at a particular telephone number, use a different mailing address, or communicate in another reasonable way. Tell our office how to contact you safely. We will accommodate reasonable requests.

Ask us to limit certain uses or disclosures. You may request limits on information used or shared for treatment, payment, or health care operations. Tell the privacy contact what information and disclosure you want restricted. We are not required to accept every request, except where the law requires it. If we agree, we will follow the restriction subject to applicable exceptions, such as emergency treatment.

Keep a fully self-paid service from your health plan. If you or someone other than your health plan pays for an item or service in full, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We must honor that request unless disclosure is required by law. Please tell us before the information is sent to the plan. This restriction does not automatically apply to another provider's or laboratory's records; contact them separately when needed.

Receive an accounting of certain disclosures. You may ask for a list of disclosures we must account for during the preceding six years, or a shorter period you choose. The list generally excludes disclosures for treatment, payment, health care operations, disclosures to you, and disclosures you authorized, as well as other legal exceptions. It includes the information required by law about who received information and why. We generally respond within 60 days, subject to a permitted extension with written notice. Your first accounting in any 12-month period is free. We will explain any permitted charge for additional requests in advance so you can change or withdraw your request.

Receive this notice. A paper copy is available promptly and without charge, even if you previously agreed to receive it electronically. Ask at either office or call us. The current notice is also available on our website.

Have an authorized representative act for you. A person with legal authority, such as an authorized health care agent or legal guardian, may exercise your privacy rights to the extent the law allows. We verify that authority and apply any legal limits before sharing information or accepting instructions.

Care, choices, and sharing

We may use or disclose your health information for the purposes below when permitted by law. More protective laws, including the special protections described later in this notice, may require your permission or limit a disclosure that HIPAA would otherwise permit.

Treatment. We use information to provide and coordinate your care and may share it with professionals involved in your treatment. For example, we may send an order to an outside laboratory or share relevant history with a specialist. We may contact you about appointments, results, treatment options, and care-related services.

Payment. We use and share information to check eligibility, obtain authorization, bill for services, and receive payment. For example, we may send a claim containing the services you received to your health plan. The restriction for fully self-paid services described above may apply.

Health care operations. We use and share information to run our practice, review quality, coordinate services, train staff, and carry out necessary administrative work. For example, we may review records to improve follow-up care or use a billing service to process claims. Organizations that perform work for us must protect information as required by law and applicable agreements.

Family, caregivers, and your permission

With your agreement, or when you have an opportunity to object and do not object, we may share information relevant to the involvement of family members, friends, or others helping with your care or payment. Tell us if you do not want information shared with a particular person. If you cannot state your wishes, we may share limited information when permitted by law and our professional judgment finds it is in your best interests. We may also provide limited information for disaster relief and notification when the law permits.

Uses or disclosures for which the law requires an authorization will be made only with your written authorization. These include most uses and disclosures of separately maintained psychotherapy notes, marketing that requires authorization, and sale of protected health information that requires authorization. Other uses and disclosures not described in this notice also require your written authorization. You may revoke an authorization by contacting us in writing. Revocation applies going forward; it does not undo actions already taken in reliance on your permission or other exceptions allowed by law.

We do not use patient information for fundraising.

Other uses and special protections

We may use or disclose information for the following purposes only when the applicable legal conditions are met:

- **Public health and safety:** reporting certain diseases, immunizations, injuries, abuse or neglect; reporting medication or device problems; assisting recalls; and preventing or reducing a serious and imminent threat as permitted by law.
- **Health oversight:** authorized audits, inspections, investigations, licensing, and other oversight of health care services or benefits.
- **Research:** legally permitted research with the required privacy safeguards, approval, or your authorization, as applicable.
- **Legal obligations and proceedings:** complying with laws, valid court or administrative orders, subpoenas, or other lawful process when disclosure requirements and privacy protections are satisfied. A request alone does not necessarily authorize us to release your records.
- **Law enforcement and special government functions:** limited disclosures permitted or required by law, including certain law enforcement, military, national security, protective-service, or correctional-custody purposes.
- **Workers' compensation:** disclosures permitted or required for workers' compensation or similar programs.
- **After a death or for donation:** necessary disclosures to coroners, medical examiners, funeral directors, or organ and tissue donation organizations, as permitted by law.
- **Privacy-law enforcement:** providing information to the U.S. Department of Health and Human Services when required to investigate or determine compliance with privacy law.

The additional protections below apply even when a disclosure would otherwise fit one of these categories.

Records with additional legal protection

Substance use disorder records from a protected program. If we receive or maintain records protected by the federal substance use disorder confidentiality law, 42 CFR Part 2, we follow the additional rules for those records. When such records are received under your consent for treatment, payment, and health care operations, HIPAA may permit further use or disclosure, but the restrictions on proceedings against you continue to apply. 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 issued after the required notice and opportunity to be heard. An authorizing court order must also be accompanied by a subpoena or other legal requirement compelling disclosure. Other Part 2 requirements and applicable California protections continue to apply.

Additional protections and questions

HIV test results and certain mental health records. California law provides additional protections for identifiable HIV test results and certain mental health records. We obtain the specific permission required by law unless a legal exception applies, such as permitted treatment, specified public-health reporting, or another expressly authorized disclosure. We do not treat every general permission to share a medical record as permission to disclose specially protected information.

Reproductive and gender-affirming care information. California law limits certain disclosures concerning reproductive or gender-affirming care, including certain out-of-state demands and investigations. It also places additional limits on sharing identifiable abortion-related information through electronic health records or health information exchanges with out-of-state recipients. We apply those restrictions and their legal exceptions before releasing such information.

Immigration enforcement. We do not disclose medical information for immigration enforcement unless you authorize it or an applicable law requires or permits the disclosure. A request for an immigration medical exam does not by itself authorize unrestricted disclosure of your medical record.

Whenever applicable state or federal law gives your information greater protection or gives you additional rights, we follow that law.

Our responsibilities

We must protect the privacy of your protected health information, maintain safeguards required by law, give you this notice of our duties and privacy practices, and follow the notice currently in effect. We will notify you following a breach of your unsecured protected health information when and as required by law.

Questions and complaints

To ask a question, exercise a right, or make a privacy complaint, call **(626) 965-8202** and ask for **Dr. William Tzeng, privacy contact**. You may also send or deliver a written complaint using the office addresses above. Please describe your concern and a safe way for us to contact you. Our staff can explain the process.

You may also complain directly to the **U.S. Department of Health and Human Services, Office for Civil Rights** at **www.hhs.gov/hipaa/filing-a-complaint/index.html**, by calling **1-877-696-6775**, or by writing to **200 Independence Avenue, S.W., Washington, D.C. 20201**. You do not have to complain to us first. This process also accepts complaints about violations of Part 2.

We will not retaliate against you for making a complaint.

Updates to this notice

We may change this notice and make the updated practices apply to information we already maintain as well as information we receive in the future, as allowed by law. The revised notice will state its effective date and will be available at both offices, upon request, and on our website.

Please tell our office if you need help understanding this notice or communicating a privacy request.