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NOTICE OF PRIVACY PRACTICES

Effective Date: March 27, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Tonya M. Pan-Weisz, Ph.D. (DBA: Turning Toward Therapy; the “Practice” or “Provider”) is committed to protecting your privacy. In order to provide care, the Practice collects, creates, and maintains health information about you. This includes any individually identifiable information obtained from you or others that relates to your past, present, or future physical or mental health, the health care you have received, or payment for your health care.

The Practice is required by federal law to maintain the privacy of your protected health information (“PHI”) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice explains your rights regarding PHI, how your PHI may be used and disclosed, and the Practice’s legal duties to protect your information. This Notice also reflects additional privacy protections provided under applicable California law.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information:

- 1. Right to Inspect or Get a Copy of Your Medical Record:** You may request access to your PHI in the format you prefer. Certain legal limitations apply, and reasonable fees may be charged for copies. The Provider may deny a request for access to health information under certain circumstances if there is a potential for harm to yourself or others. If we deny a request for access for this purpose, you have the right to have our denial reviewed in accordance with the requirements of applicable law.
- 2. Right to Request Changes to Your Medical Record:** You may request amendments to correct incomplete or inaccurate information. The Provider may deny the request but will document your objection if applicable.

3. **Right to an Accounting of Disclosures:** You may request a list of disclosures of your PHI over the past six years, excluding disclosures for treatment, payment, or operations.
4. **Right to Request Restrictions:** You may request limits on how your PHI is used or disclosed. The Practice must comply if you request restrictions related to health care items or services you have paid for in full.
5. **Right to Request Confidential Communications:** You may ask that PHI be communicated in a specific way or at a different location.
6. **Right to Receive Notification of Breach:** You will be notified in the event of a breach of unsecured PHI.
7. **Right to Paper Copy of Notice:** You may request a paper copy of this Notice at any time.
8. **Right to Choose Someone to Act for You:** Legal representatives, such as medical power of attorney or guardians, may exercise your rights.
9. **Right to File a Complaint:** If you feel your rights are violated, contact the Practice (Phone: 650-220-8690; Address: 32605 Temecula Parkway, Suite 303, Temecula, CA 92592) or 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/. The Practice will not retaliate against you for filing a complaint.

To make a request as described in any of the above, please contact your Provider.

How Provider Uses and Discloses Your Health Information

Your Provider will protect your PHI and may use or disclose it for the purposes listed below:

1. Treatment, Payment, and Health Care Operations

- **Treatment:** To provide care and coordinate with other health professionals.

- **Payment:** To bill and collect for services, including insurance claims unless you opt for full private pay.
- **Health Care Operations:** Includes care management, quality improvement, evaluating performance, legal services, and complaint resolution.

2. Consultation, Writing, Teaching, Research, and Quality Improvement

- **Consultation:** May consult with other licensed professionals for your care; identifying information will always be minimized to protect your identity.
- **Writing and Teaching:** Case material may be used for professional writing, publications, or teaching in a de-identified manner.
- **Research and Quality Improvement:** PHI may be used in research or quality improvement projects with IRB approval or oversight. Written authorization will be obtained if required by law.

3. Uses and Disclosures Without Your Consent

May occur in the following situations:

- **As required by law** (state, federal, local).
- **Public health activities:** Disease control, reporting births, deaths, communicable diseases, or child/elder/dependent abuse.
- **Abuse Reporting:** Child abuse (including but not limited to: viewing, streaming, or accessing child pornography or a minor witnessing domestic violence), dependent adult, or elder (60+) abuse.
- **Health Oversight Activities:** Audits, investigations, inspections, licensing. •

Serious and Imminent Threat: To prevent harm to yourself, others, or the public. •

Judicial and Administrative Proceedings: Court or administrative orders.

- **Law Enforcement Purposes:** Court orders, warrants, missing persons, crime victims, or reporting crimes.

- **Deceased Individuals:** To coroners, medical examiners, or funeral directors.
- **Organ or Tissue Donation:** To procurement organizations.
- **Correctional Facilities:** For care of inmates or safety of the facility.
- **Business Associates:** To provide high-quality care and secure administrative services, I contract with third-party Business Associates for services such as electronic health records (EHR), secure communication platforms, billing, and credit card processing. Each Business Associate is legally required to protect your health information under a signed Business Associate Agreement (BAA) in compliance with HIPAA standards. A current list of service providers is available upon request.
- **Health or Safety:** Disaster relief organizations.
- **Specialized Government Functions:** Military, national security, or intelligence activities.
- **Workers' Compensation:** As allowed by applicable laws.
- **Individuals Involved in Your Care:** Family, friends, or other persons assisting with your care, if in your best interest.
- **Verbal Disclosures While Present:** You may approve or object to disclosures in your presence.
- **Academic Affiliates:** For education and training of students or residents in a de-identified manner.
- **Appointments, Information, and Services:** Reminders and information about treatment alternatives.
- **Incidental Disclosures:** Minor, unpreventable disclosures as by-products of permitted uses.

Domestic Violence Disclosures

Please note: In California, psychologists are **generally not mandated to report domestic violence involving adults**. Psychologists must respect client confidentiality regarding domestic violence disclosures **unless the client provides written authorization** to release that information.

However, there are important exceptions:

- If a child, elder (60 years or older), or dependent adult is **being abused or at risk of abuse**, psychologists are **legally required** to report under California law.
- If there is a **serious and imminent threat** to the client or others, psychologists may take necessary protective actions, which could include contacting authorities or other individuals who can help prevent harm.

This policy ensures that your privacy is respected while also complying with legal requirements to protect vulnerable individuals and prevent harm.

Special Treatment of Certain Records

Certain records receive enhanced protections under California or federal law:

- **HIV-related information**
- **Genetic information**
- **Alcohol and substance use records**
- **Mental health records**

All disclosures of these records must comply with applicable laws and require specific consent unless otherwise allowed by law.

Authorization Required for Other Uses

Certain uses or disclosures of your health information require your written authorization:

- **Psychotherapy notes** (separate from your regular medical record)
- **Marketing purposes**
- **Other uses not described in this Notice**

Your Provider will not use or disclose your health information for any purpose not specified in

this Notice unless we obtain your express written authorization or the authorization of your legally appointed representative. If you give us your authorization, you may revoke it at any time, in which case we will no longer use or disclose your health information for the purpose you authorized, except to the extent we have relied on your authorization to provide your care. Revocation does not affect any disclosures made while the authorization was in effect.

When We Will Not Use or Disclose Your Health Information

We will not sell your PHI. Fees received for copying or administrative purposes do not constitute a sale of PHI.

Our Responsibilities

- Maintain the privacy and security of PHI.
- Abide by the terms of this Notice.
- Amend this Notice as needed; revised versions are available on request or at www.turningtowardtherapy.com/NoPP.
- Inform you if your PHI is compromised in a breach.