



Notice of Privacy Practices

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.**

I. **Your Rights.** You have the right to:

Get a copy of your paper or electronic medical record. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Correct your paper or electronic medical record. You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communication. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Ask us to limit the information we share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared your information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you believe your privacy rights have been violated. You can complain if you feel we have violated your rights by contacting us using the contact information below. You can file a complaint with 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/. You may also be able to file a complaint with your state. We will not retaliate against you for filing a complaint.

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

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

Share information with your family, close friends, or others involved in your care

Share information in a disaster relief situation

Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Most sharing of psychotherapy notes

In the case of fundraising, we may contact you, but you can tell us not to contact you again.

III. Our Uses and Disclosures. We may use and share your information as we:

Treat you. We can 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 can use and share your health information to run 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 can use and share your health information to bill and get 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 in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health and safety.

Do research. We can use or share your information for health research.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can 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 can 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; and for special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

IV. Our Responsibilities.

We are required by law to maintain the privacy and security of your protected health information.

We will let you know 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 give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

V. Other Information.

Other laws. There may be state or other laws that require greater limits on disclosures. For California residents, see the attached addendum.

For more information: If you have questions or desire additional information, you may contact our Privacy Officer, Ms. Dori Banki at hsc@headacheandspinecare.com or at 949-599-7400.

Changes to this Notice: We can change the terms of this Notice at any time, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website at (headacheandspinecare.com).

Contact Information: Unless otherwise stated, to exercise any of the rights described in this Notice, or to file a complaint, contact the Privacy Officer at (Ms. Dori Banki at hsc@headacheandspinecare.com or at 949-599-7400).

This Notice is effective on September 1, 2025.

ADDENDUM FOR CALIFORNIA RESIDENTS: This notice for California residents supplements our Privacy Policy and applies only to California residents.

California Consumer Privacy Act/California Privacy Rights Act

Certain terms used in this section have the meanings given to them in the California Consumer Privacy Act (“CCPA”).

Categories of Personal Information **Maasumi Headache & Spine Care** (the “Practice”) Collects from or About You

- Identifiers (e.g., name, mailing address, email address, phone number, credit/debit card numbers)
- Characteristics of protected classifications (e.g., age, sex, race)
- Commercial information (e.g., services received, service history)
- Internet or other electronic network activity (e.g., browse or search history)
- Geolocation data (e.g., latitude or longitude)
- Audio, electronic, visual, or similar information (e.g., recording of Guest service calls)
- Inferences drawn from any of the above (e.g., preferences or characteristics)

Categories of Sources from Which the Practice Collects Personal Information About You:

- Consumer Directly
- Advertising Networks
- Data analytics providers
- Government Entities
- Social networks
- Subsidiaries
- Operating systems and platforms
- Data brokers

Business or Commercial Purposes for Which Practice Collects, Shares or Sells Personal Information About You

- Performing services, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, providing analytics services, providing storage or providing similar services;
- Providing advertising and marketing services;
- Auditing;
- Helping to ensure security and integrity;
- Debugging to identify and repair errors that impair existing intended functionality;
- Undertaking internal research for technological development and demonstration; and
- Undertaking activities to verify or maintain the quality or safety of a service that is owned or controlled by us, and to improve, upgrade, or enhance the service

Retention of Personal Information

- We will retain your personal information in accordance with Practice’s Privacy Act Statement which reflects business and legal considerations. Practice will retain your personal information for the time period reasonably necessary to achieve the business and commercial purposes described in this Privacy Policy (including the California Residents section) or any other notice provided at the time of collection. Your personal information may be retained longer if required or permitted by applicable law.

Categories of Personal Information About You that Practice Sells or and Categories of Third Parties to Whom Personal Information Is Sold or Shared:

- Category of Personal Information
 - Internet or other electronic network activity (e.g., “cookies” or other tracking tags)
 - Identifiers (e.g., name, mailing address, email address, phone number, credit/debit card number)
 - Commercial Information (e.g., products or services purchased, purchase history)
- Category of Third Party
 - Advertising Networks
- Merchant Partners

Categories of Personal Information Practice May Disclose for a Business Purpose:

- Category of Personal Information
 - Identifiers (e.g., name, mailing address, email address, phone number, credit/debit card number/payment information)
 - Characteristics of protected classifications (e.g., gender, age)
 - Commercial information
 - Internet or other electronic network activity (e.g., browse or search history)
 - Geolocation data (e.g., latitude or longitude)
 - Audio, electronic, visual, or similar information (e.g., recording of Guest service calls)
 - Inferences drawn from any of the above (e.g., preferences or characteristics)
- Category of Third Party
 - Advertising Networks
 - Internet Service Providers
 - Data Analytics Providers
 - Government Entities
 - Operating Systems and Platforms
 - Legal, Risk, and Security

At your direction or request, or when you otherwise consent, we may share your information with third parties (e.g., if you provides explicit, opt-in consent to the linking and use of data with a specifically identified third party partner, such data may be linked and may be used by Practice

and/or the third party partner as described at the time consent is obtained, including for Practice advertising or advertising measurement purposes).

Practice will not discriminate against you because you exercise your rights. For example, Practice will not deny you goods or services or charge you a different price or rate for goods or services if you make an access, deletion, or do not sell request.

If you are a California Resident, You Have the Following Rights Under the CCPA

- Right to request Practice disclose Personal Information, or categories of Personal Information, it collects, uses, discloses, and sells or shares for cross-context behavioral advertising
- Right to request Practice correct inaccurate personal information we maintain about you
- Right to request Practice delete Personal Information we have collected from you
- Right to request Practice opt you out of the sale of your Personal Information or sharing of your Personal Information for cross-context behavioral advertising. Note: Practice will also treat Global Privacy Control browser signals as opt-out of sale/sharing requests.
- Process Used to Verify an Access, Correction, and/or Deletion Request

If you are a Practice patient, you will be required to submit information about yourself that Practice will use to determine if we have information about you. If we are able to locate information about you, then we will fulfill your access, correction and/or deletion request. If we are not able to verify your information, then we may provide you with a report that includes the categories of personal information we collect, use, disclose, and sell or share.

If you are an authorized agent, then you will be required to submit your contact information as well as information about the Guest for whom you are making a request. As an authorized agent you will receive an email confirming that we have received the request along with a second email asking you to fill out a certification form confirming your information and certifying you have the right to make a request on behalf of the Guest. Once the report is ready, it will be sent to the email or physical address you have given us, depending on the delivery method you choose.

How to Submit a Verifiable Request (requests can be made no more than twice in a 12-month period)

- You can submit a request using the methods listed below
 - Access Requests: Contact the privacy information line at 949-599-7400
 - Correction Requests: Contact the privacy information line at 949-599-7400
 - Deletion Requests: Contact the privacy information line at 949-599-7400
 - Do Not Sell or Share (for Cross-Context Behavioral Advertising) My Personal Information Requests: Click this link/call Practice at 949-599-7400

If you are a California resident under 18 years old and a registered user, you can request that we remove content or information that you have posted to our website or other online services. Note

that fulfilment of the request may not ensure complete or comprehensive removal (e.g., if the content or information has been reposted by another user). To request removal of content or information, please call the privacy information line at: 949-599-7400