



WelbeHealth 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.

All covered entities directly or indirectly owned, operated, or managed by Welbe Health, LLC (WelbeHealth), participate in an Organized Health Care Arrangement (the WelbeHealth OHCA). This notice is jointly issued by members of the WelbeHealth OHCA. Participation in the WelbeHealth OHCA allows participating entities to share protected health information (PHI) with each other for the purposes of treatment, payment, and joint health care operations activities. These activities may include billing and finance management, health information exchanges, quality improvement, and risk management. PHI, or "health records," are information about you and your health. WelbeHealth and its employees must comply with this notice.

How WelbeHealth May Use or Share Your Protected Health Information (PHI)

For Treatment

WelbeHealth may use or share your health records to provide and coordinate care and services for you. WelbeHealth may share health records with other caregivers involved in your care. For example, WelbeHealth might send health records about you to another doctor as part of a referral or if you disenroll.

For Payment

WelbeHealth may use your health records for billing services. For example, WelbeHealth may share your health records with an insurance company or a state agency to confirm your eligibility or to ensure proper payment.

For Health Care Operations

WelbeHealth may use and share your health records for health care operations. Examples of health care operations may include business planning, complaint resolution, compliance, quality improvement, training, or contacting you when necessary. Health care operations may include sharing your PHI with other entities (business associates) for those same purposes.

With Family Members, Representatives, and Others Involved in Your Care

WelbeHealth may share your health records with individuals you have named, who help with your care, or who may make decisions on your behalf. At times, you may instruct WelbeHealth not to share information with certain people. In rare circumstances, it may be necessary for WelbeHealth to share your information with others without your permission. This might occur due to an emergency, or if your provider feels it is in your best interest.

As Required or Permitted by Law

WelbeHealth will share your health records if state or federal law requires it. WelbeHealth may share your health records as permitted by law for the following reasons:



- To help with a public health or safety issue
- To report suspected abuse or other crime
- To prevent a serious threat to anyone's health and safety
- To work with coroners, medical examiners, and funeral directors
- To conduct research
- To respond to other government requests
- To respond to court or administrative orders, or in response to subpoena

Additional Details About Your Health Information

Written Authorization

Your written permission or authorization is required for WelbeHealth to share or use your health records in a way not described in this notice. You can change your permission at any time, and it will not impact your care or services.

Sensitive Medical Information

As required by some state and federal laws, WelbeHealth has additional protections for certain types of sensitive medical records, such as:

- Psychotherapy notes and mental health records (subject to 45 CFR § 164.508(a)(2), and NY Mental Hygiene Law § 33.13)
- Substance use disorder treatment records (subject to 42 CFR Part 2)
- HIV/AIDS-related information (subject to NY Public Health Law Article 27-F)
- Genetic testing results
- Information about reproductive health or sexually transmitted infections

WelbeHealth's Responsibilities

WelbeHealth and members of the WelbeHealth OHCA are committed to protecting your private information. By law, WelbeHealth must:

- Maintain the privacy and security of your protected health information
- Notify you promptly if a breach occurs that may have compromised your health records, privacy, or security
- Follow the privacy practices described in this notice and provide you with a copy at your request

WelbeHealth does not rent, lease, or sell participants' PHI or Personal Information, such as phone numbers, with other organizations, for marketing purposes. WelbeHealth complies with all applicable state and federal privacy laws.



Changes to this Notice

WelbeHealth may update this notice. Any updates will apply to the information WelbeHealth has about you. If those updates significantly change this Notice or your rights, you will be notified. The most current version will always be available upon request, at our offices, and online at <https://welbehealth.com/>.

Your Rights

You have the right to:

- Inspect your records within 10 days of submitting a request
- Get a copy of your health and claims records
- Ask WelbeHealth to correct health and claims records if they are inaccurate or incomplete
- Request confidential communications, such as contacting you at a specific phone number or address
- Ask WelbeHealth to limit what information it uses or shares about you for treatment, payment, or health care operations
- Get a list (an accounting) of disclosures of your PHI
- Get a copy of this Notice of Privacy Practices
- Choose someone to act for you if you have given them medical power of attorney or written authorization
- File a complaint if you believe your privacy rights have been violated

Medical Records Requests

To request a copy of your records, a correction to your records, restrictions to your records, an accounting of disclosures, or confidential communications, you must submit your request in writing to:

WelbeHealth
Attn: Medical Records
8399 Garvey Avenue
Rosemead, CA 91770

More Information and Complaints

If you have any questions about this Notice or would like more information about your privacy rights, please contact WelbeHealth (888) 530-4415. For the hearing impaired, please use TTY 711.

If you have a complaint about your privacy rights or how WelbeHealth uses your information, you may call the telephone number above, or submit it in writing to:

WelbeHealth
Attn: Privacy Officer
8399 Garvey Avenue
Rosemead, CA 91770



Complaints may also be sent to:

Privacy Officer
California Department of Health Care Services
PO Box 997413
MS 0010
Sacramento, CA 95899-7413
(916) 445-4646 (Voice)
(877) 735-2929 (TTY/TDD)

OR

NJ Department of Health
Division of Health Facility Survey and Field Operations
PO Box 367
Trenton, NJ 08625
(609) 633-8980

OR

New York State Department of Health
Office of Professional Medical Conduct
Riverview Center
150 Broadway Suite 355
Albany, New York 12204-2719
(800) 663-6114

OR

Office for Civil Rights Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W., Room 509F, HHH Building
Washington, D.C. 20201

Effective Date and Applicability

This Notice of Privacy Practices is effective as of May 1, 2026, and applies to all health information maintained or shared by members of the WelbeHealth OHCA.

Notice of Nondiscrimination

WelbeHealth complies with applicable State and Federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. To see the entire WelbeHealth Notice of Nondiscrimination, please visit <https://welbehealth.com/>.



Acknowledgment of Receipt — Notice of Privacy Practices

I acknowledge that I have received a copy of WelbeHealth’s Notice of Privacy Practices. I understand it describes how WelbeHealth may use and share my health information and explains my privacy rights. I understand that a copy of the current Notice of Privacy Practices is available at any WelbeHealth location and at welbehealth.com, or by calling (888) 530-4415.

PARTICIPANT

Signature Date

Printed Name Date of Birth

PERSONAL REPRESENTATIVE

(If you are signing on behalf of the participant, please complete the following)

Representative Signature Date

Printed Name Relationship to Participant

Authority (e.g., Power of Attorney, Legal Guardian)

FOR STAFF USE ONLY — If participant or representative declined to sign:

- Participant was offered the Notice of Privacy Practices but declined to sign.
- Notice was mailed to participant’s address of record.
- Participant was unable to sign due to: _____

Staff Name (printed) Date

Retain this signed acknowledgment in the participant’s record for a minimum of six (6) years per 45 CFR § 164.530(j). A good faith effort to obtain acknowledgment is required under 45 CFR § 164.520(c)(2)(ii).