EAST VALLEY DIABETES & ENDOCRINOLOGY, PLLC

NOTICE OF PRIVACY PRACTICES

Effective Date: 7/11/2026

(This notice replaces and supersedes all prior versions.)

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.

If you have any questions about this Notice, please contact our Privacy Officer:

- Dr. Devendra Wadwekar, MD — Privacy Officer
- East Valley Diabetes & Endocrinology, PLLC, 4100 S Lindsay Road, Suite 130, Gilbert, AZ 85296
- Phone: (480) 782-9531 | Website: myazdr.com

This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI") to carry out treatment, payment, or health care operations, and for other purposes permitted or required by law. It also describes your rights regarding your PHI, including your rights regarding substance use disorder (SUD) records protected under 42 CFR Part 2. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your PHI and to provide you with this Notice describing our legal duties and privacy practices. We are required to abide by the terms of this Notice while it is in effect. We reserve the right to change the terms of this Notice at any time, and to make the revised Notice effective for all PHI we maintain, including PHI created or received before the revision. If we make a material change to this Notice, we will promptly revise it, post the revised Notice at our office and on our website (myazdr.com), and provide a copy upon request. You may request a copy at any time by contacting our Privacy Officer or visiting our website.

1. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

A. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and related services, including coordinating your care with other physicians, specialists, laboratories, home health agencies, or pharmacies involved in your treatment.

Payment: We will use and disclose your PHI as needed to obtain payment for services, including verifying eligibility, obtaining prior authorization, and billing your health insurance plan or other responsible party.

Health Care Operations: We may use and disclose your PHI to support our business activities, including quality assessment, staff training, licensing, and business planning. We may share your PHI with business associates who perform services on our behalf (for example, billing, transcription, or laboratory services). We require all business associates to sign a written agreement protecting the privacy and security of your PHI.

B. Other Permitted or Required Uses and Disclosures Without Your Authorization

We may use or disclose your PHI, without your authorization or opportunity to object, in the following circumstances, each of which is subject to specific legal conditions and limitations:

- Required by Law — when disclosure is mandated by federal, state, or local law.
- Public Health Activities — such as reporting to prevent or control disease, injury, or disability, and reporting to the FDA regarding product safety, defects, or recalls.
- Communicable Disease — to a person who may have been exposed to, or is at risk of contracting or spreading, a communicable disease, if authorized by law.

- Health Oversight Activities — to agencies for audits, investigations, inspections, and licensure actions.
- Abuse, Neglect, or Domestic Violence — to appropriate government authorities as required or authorized by law.
- Judicial and Administrative Proceedings — in response to a court or administrative order, subpoena, or other lawful process, subject to applicable legal requirements.
- Law Enforcement Purposes — for limited purposes such as identifying or locating a suspect, fugitive, witness, or missing person, or reporting a crime.
- Coroners, Medical Examiners, Funeral Directors, and Organ/Tissue Donation — as authorized by law.
- Research — when approved through an institutional review board process that protects the privacy of your PHI.
- To Avert a Serious Threat to Health or Safety — when necessary to prevent or lessen a serious and imminent threat to a person or the public.
- Military, National Security, and Protective Services — for specified activities involving Armed Forces personnel, national security, and protection of government officials.
- Workers' Compensation — to comply with workers' compensation laws.
- Inmates — to a correctional institution or law enforcement official having custody of an inmate, as necessary.

C. Uses and Disclosures Requiring Your Written Authorization

Other than as described above, we will not use or disclose your PHI without your written authorization. This includes, in particular:

- Psychotherapy notes (where applicable).
- Marketing communications, except for certain face-to-face communications or promotional gifts of nominal value.
- Sale of your PHI — we will never sell your PHI without your specific written authorization.

You may revoke a written authorization at any time by notifying our Privacy Officer in writing. Your revocation will not affect any use or disclosure already made in reliance on your authorization.

D. Substance Use Disorder (SUD) Records — 42 CFR Part 2

If our records contain information about substance use disorder treatment protected under 42 CFR Part 2, that information receives heightened confidentiality protection. Consistent with the 2024 amendments aligning Part 2 with HIPAA:

- Your written consent authorizes use and disclosure of Part 2 records for treatment, payment, and health care operations consistent with that consent, and generally remains valid for future disclosures until revoked.
- Information you disclose under a Part 2 consent may be further disclosed (redisclosed) by the recipient only as permitted by the Part 2 regulations and HIPAA; it does not lose its Part 2 protections simply because it has been redisclosed.
- You have the right to request restrictions on certain disclosures of your Part 2 records, and to request a list of certain disclosures we have made.
- Part 2 records generally may not be used against you in a civil, criminal, administrative, or legislative proceeding without your consent or a qualifying court order.
- Violations of Part 2 may be reported to the U.S. Department of Health and Human Services and, where applicable, other federal authorities, and may be subject to civil monetary penalties.

E. Opportunity to Agree or Object

Facility Directory: Unless you object, we may include your name, general condition, and location in our facility directory and disclose this information to visitors who ask for you by name.

Family, Friends, and Others Involved in Your Care: Unless you object, we may share PHI directly relevant to a family member's, friend's, or other person's involvement in your care or payment for care, and we may use PHI to notify or assist in notifying such persons of your location, general condition, or death.

Fundraising: We may use limited demographic and treatment-date information to contact you about fundraising efforts. You have the right to opt out of receiving fundraising communications. Each fundraising communication we send will include a clear and conspicuous way to opt out, and opting out will not affect your treatment or payment for treatment.

Health Information Exchange (HIE): Our Practice participates in Health Current, Arizona's health information exchange. Unless you complete and return an opt-out form to our Practice, your PHI may be securely shared through Health Current with other participating providers and health plans for treatment, payment, and health care operations purposes.

2. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI, including an electronic copy if we maintain the information electronically and you request it in that form. We may charge a reasonable, cost-based fee. Certain records — such as psychotherapy notes and information compiled for use in a legal proceeding — are excepted from this right under federal law.

Right to Request Amendment. You may request that we amend your PHI if you believe it is incorrect or incomplete. We may deny your request in certain circumstances; if we do, you have the right to submit a written statement of disagreement.

Right to Request Restrictions. You may ask us to restrict how we use or disclose your PHI for treatment, payment, or health care operations, or to family members and others involved in your care. We are not required to agree to most requested restrictions. **However, if you pay out of pocket in full for a specific item or service, you have the right to request — and we are required to honor — a restriction on disclosing information about that item or service to your health plan for payment or health care operations purposes, unless disclosure is otherwise required by law.**

Right to Request Confidential Communications. You may request that we communicate with you by alternative means or at an alternative location (for example, sending mail to a different address). We will accommodate reasonable requests without requiring an explanation.

Right to an Accounting of Disclosures. You have the right to receive a list of certain disclosures of your PHI made for purposes other than treatment, payment, and health care operations, subject to certain exceptions and limitations.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or one of our business associates) discover a breach of your unsecured PHI, as required under the HIPAA Breach Notification Rule.

Right to Restrict Disclosure of SUD/Part 2 Records. As described above, you have additional rights concerning the disclosure and redisclosure of substance use disorder treatment records protected under 42 CFR Part 2.

To exercise any of these rights, please submit a written request to our Privacy Officer using the contact information at the top of this Notice.

3. OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- 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 PHI 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 by notifying us in writing.

4. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer, Dr. Devendra Wadwekar, at the address and phone number listed at the top of this Notice.

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting www.hhs.gov/ocr/privacy/hipaa/complaints, calling 1-800-368-1019, or writing to: 200 Independence Avenue, S.W., Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received and had the opportunity to review this Notice of Privacy Practices.

Patient Signature: _____

Date: _____