

# LOMA LINDA PSYCHIATRIC MEDICAL GROUP

1001 E. Cooley Dr., Ste. 107, Colton, CA 92324 • (909) 370-4700

## NOTICE OF PRIVACY PRACTICES

Effective Date: 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 Commitment to Your Privacy

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Loma Linda Psychiatric Medical Group ("LLPMG," "we," "us," or "our") is required by law to maintain the privacy of your protected health information ("PHI"), to provide you with this notice of our legal duties and privacy practices regarding your PHI, and to abide by the terms of this notice while it is in effect. We reserve the right to change the terms of this notice, and any changed notice will apply to PHI we already have as well as PHI we receive in the future.

### How We May Use and Disclose Your Health Information Without Your Written Authorization

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#### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your psychiatric care — for example, sharing information with another provider involved in your treatment.

#### Payment

We may use and disclose your PHI to bill and collect payment for services, including submitting claims to your health plan and verifying your coverage.

#### Health Care Operations

We may use and disclose your PHI for activities such as quality assessment, staff training, compliance audits, and business planning.

#### As Required or Permitted by Law

We may use or disclose your PHI, without your authorization, in the following circumstances:

- As required by federal, state, or local law.
- Public health activities, such as reporting to public health authorities.
- Health oversight activities, such as audits or investigations by government agencies.
- Judicial and administrative proceedings, such as in response to a court order or subpoena.
- Law enforcement purposes, within the limits set by law.
- To avert a serious and imminent threat to your health or safety, or that of another identifiable person — consistent with California's duty-to-warn/duty-to-protect standard under *Tarasoff v. Regents of the University of California* (Cal. 1976).
- Suspected abuse, neglect, or domestic violence, which we may be required to report under California's mandated-reporting laws (Welfare & Institutions Code; Penal Code).
- To coroners, medical examiners, or funeral directors as necessary to carry out their duties.

- Workers' compensation, as authorized by law.
- Research, subject to applicable privacy safeguards and oversight.
- To our business associates (for example, our billing service, EHR vendor, or telehealth platform), who are contractually required to protect your PHI to the same standard we do.

## Uses and Disclosures That Require Your Written Authorization

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

- Psychotherapy notes, which we keep separately from the rest of your medical record and which receive additional protection under HIPAA.
- Use of your PHI for marketing purposes.
- Any sale of your PHI.
- Most other uses and disclosures not described in this notice.

If you provide us with an authorization, you may revoke it in writing at any time, except to the extent we have already acted in reliance on it.

## Your Rights Regarding Your Health Information

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### Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI that we maintain, with limited exceptions (for example, psychotherapy notes are generally excluded from this right). We may charge a reasonable, cost-based fee for copies.

### Right to Request Amendment

You have the right to request that we amend your PHI if you believe it is incorrect or incomplete. We may deny the request in certain circumstances, and will explain the reason in writing if we do.

### Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI, generally going back up to six years, excluding disclosures made for treatment, payment, health care operations, and certain other categories excluded by law.

### Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations, and on disclosures to family members or others involved in your care. We are not required to agree to every request, except where you have paid for a service in full, out of pocket, and ask us not to disclose that service to your health plan — we must honor that specific request.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about your health matters in a particular way or at a particular location (for example, contacting you only at a specific phone number).

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice at any time, even if you agreed to receive it electronically.

### **Right to Be Notified of a Breach**

You have the right to be notified if a breach of your unsecured PHI occurs.

### **Special Protections for Mental Health Information (California)**

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- Your records receive additional protection under California's Confidentiality of Medical Information Act (Civil Code §56 et seq.) and, where applicable, mental health-specific provisions of the Welfare & Institutions Code.
- If you are the parent or guardian of a minor who consented to their own outpatient mental health treatment under California Family Code §6924, your access to that minor's records may be limited by law.
- As described above, exceptions to confidentiality exist where required by law, including the duty to warn/protect and mandated reporting of suspected abuse or neglect.

### **Complaints**

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If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint.

#### **LLPMG Privacy Officer**

Baybie Scudder  
Administrator  
Loma Linda Psychiatric Medical Group  
1007 E. Cooley Dr., Ste. 109, Colton, CA 92324  
Phone: (909) 370-4700

#### **U.S. Department of Health and Human Services**

Office for Civil Rights  
200 Independence Avenue, S.W., Washington, D.C. 20201  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

### **Effective Date and Changes to This Notice**

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This notice is effective as of the date shown above. We reserve the right to change this notice and to make the revised notice effective for PHI we already maintain as well as PHI we create or receive in the future. A current copy of this notice will always be available at our office and, if applicable, on our website.