

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

Effective February 13, 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.

Scope of Notice

This Notice of Privacy Practices (“Notice”) applies to all protected health information (“PHI”) about you held or transmitted by Be Well Family Care, LLC, d/b/a Well Family Care and Be Well Health and each of its subsidiaries and affiliates who are under common control and/or common ownership that are subject to HIPAA (as defined below) and are designated for HIPAA purposes as an affiliated covered entity (collectively, “we” or “our Practice”). All such affiliated entities follow the terms of this Notice and may share your information with each other for treatment, payment or health care operations. This list may be updated from time to time. For a current list of participating entities, contact the privacy officer at the contact information listed within this notice.

PHI is any individually identifiable health information about your past, present or future physical or mental health or condition, the provision of healthcare to you, or your payment for healthcare. PHI may include information about your condition or treatment, diagnostic tests and images, and related health information.

Your Rights	Your Choices
You have the right to:	You have some choices in the way that we use and share information as we:
• Get a copy of your paper or electronic medical record • Correct your paper or electronic medical record • Request confidential communication • Ask us to limit the information we share • Get a list of those with whom we’ve shared your information • Get a copy of this privacy notice • Choose someone to act for you • File a complaint if you believe your privacy rights have been violated	• Tell family and friends about your condition • Provide disaster relief • Include you in a hospital directory • Provide mental health care • Market our services and sell your information • Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your 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.

Ask us to correct your 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 may access your health information using an online portal via our website, <https://bewellfamilyaz.com/>
- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or 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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 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 someone has authority to act as your personal representative, such as if someone has your 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 feel your rights are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer at Be Well Family Care, by mail at 1492 S Mill Ave Suite 212, Tempe, AZ 85281, by phone (480) 410-4128 or email info@bewellfc.com
- 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

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 us 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 or payment for 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 may not share your information unless you give us written permission to release:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

You may revoke authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI for the purpose previously authorized, except to the extent that we have already acted in reliance on the authorization.

Our practice provides treatment for substance use disorders as part of primary care services. We are not a part 2 provider, however we may receive and maintain Part 2 records. A “Part 2 provider,” means a provider of substance use disorder treatment subject to the federal privacy regulations outlined in 42 CFR Part 2. If we receive records from a federally assisted substance use disorder program that is protected under 42 CFR Part 2, those records have special confidentiality protection. We will not use or disclose those records without your written consent, except as allowed by law. Once you authorize us to share these records, they may no longer be protected by Part 2, but they will still be protected by HIPAA. If you have questions about these protections, please contact our Privacy Officer as noted below.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

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.

- **Healthcare Operations.** Our Practice may use and disclose your PHI for healthcare operations purposes. Healthcare operations include quality assessment and improvement activities, arranging for legal services, conducting training programs, reviewing the competence and qualifications of healthcare professionals, licensing activities, and sending you information about our health-related products and services, possible treatment options or alternatives that may interest you, or appointment reminders. We may make incidental disclosures of limited PHI, such as by mailing statements to you with your name on the envelope.
- **Business Associates.** Our Practice may disclose your PHI to third parties who provide services to our Practice or on our Practice’s behalf, known as Business Associates. Our Practice requires our Business Associates to enter into an agreement to safeguard your PHI and otherwise protect your privacy as required by law.
- **Electronic Data Exchanges.** Consistent with applicable law and with your consent, we may send you text messages, emails or other electronic communications for treatment, payment, healthcare operations and other permitted purposes. Our Practice may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, healthcare operations and other permitted purposes with other participants in the HIE. HIEs allow your healthcare providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

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 must meet many conditions in the law before we can share your information for these purposes.

Limited Data and De-identified Data. Our Practice may remove most information that identifies you from a set of data and use and disclose this data set for research, public health, and healthcare operations, provided the recipients of the data set

agree to keep it confidential. We may also de-identify your PHI and use and disclose the de-identified information for purposes permitted by law.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

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
- Preventing or reducing a serious threat to anyone's health or safety

Do research

Our Practice may use or disclose your PHI for research permitted by law, including when an institutional review board or privacy board has reviewed the research proposal and established a process to ensure the privacy of the requested information and approved the 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
- 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.

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 may use and disclose your health information as described in this Notice of Privacy Practices unless you request a restriction in writing. If you prefer that we limit certain uses or disclosures of your information, you may submit a written request to our office. We will consider all requests, but we are not required to agree to requested restrictions except where required by law. You may change or revoke your request at any time by notifying us in writing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.