

**FORCE 10 PSYCHIATRY, A NURSING CORPORATION**

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# NOTICE OF PRIVACY PRACTICES

Effective Date: May 25, 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.**

## 1. Who We Are and What This Notice Covers

This Notice describes the privacy practices of FORCE 10 Psychiatry, A Nursing Corporation ("FORCE 10 Psychiatry," "we," "our," or "us"). It applies to protected health information, or PHI, that we create, receive, maintain, use, or disclose in providing psychiatric, mental health, telehealth, medication management, care coordination, administrative, billing, and related health care services.

PHI means identifiable health information about your past, present, or future physical or mental health or condition, the health care provided to you, or payment for your health care.

This Notice applies to our clinicians, workforce members, trainees, contractors, and business associates when they perform services for us involving your health information. Business associates are vendors or service providers that help us operate our practice, such as electronic health record, billing, telehealth, secure messaging, records-management, accounting, legal, IT, or similar support vendors.

If a federal or California law provides greater privacy protection for certain information, we will follow the more protective law. This may include California medical confidentiality laws, mental health confidentiality laws, minor-consent confidentiality laws, and 42 CFR Part 2 protections for certain substance use disorder treatment records, when applicable.

## 2. Our Legal Duties

We are required by law to:

- Maintain the privacy and security of your PHI;
- Provide you with this Notice of our legal duties and privacy practices;
- Follow the terms of the Notice currently in effect;
- Notify you if a breach occurs that may have compromised the privacy or security of your unsecured PHI; and
- Not retaliate against you for filing a privacy complaint or exercising a privacy right.

## 3. How We May Use and Disclose Your Health Information

We may use and disclose your PHI for treatment, payment, and health care operations without your written authorization, unless a more protective law requires otherwise.

### Treatment

We may use and disclose your PHI to provide, coordinate, or manage your care. This may include sharing information with other health care professionals involved in your care, such as primary care clinicians, therapists, psychiatrists, laboratories, pharmacies, hospitals, emergency providers, or other specialists.

**Example:** We may share medication, diagnosis, allergy, lab, or treatment-plan information with another clinician who is treating you.

### Payment

We may use and disclose your PHI to bill and obtain payment for the services we provide. This may include sharing information with you, your health plan, a payment processor, a billing vendor, or another responsible payer.

**Example:** We may give information about your diagnosis, treatment dates, and services provided to your health plan so the plan can determine coverage and pay for covered services.

### Health Care Operations

We may use and disclose your PHI to run our practice and improve care. Health care operations may include scheduling, appointment reminders, care coordination, quality review, case consultation, clinician training, compliance activities, licensing and credentialing, business planning, legal and accounting services, technology support, and other practice-management functions.

**Example:** We may use your contact information to send appointment reminders or use your record internally to review and improve the quality of our services.

## 4. Other Uses and Disclosures Allowed or Required by Law

We may use or disclose your PHI in the following situations when permitted or required by law. We will comply with applicable federal and California confidentiality requirements and will limit disclosures to the information required or permitted.

- **Required by law:** We will disclose health information when federal, state, or local law requires us to do so, including to the U.S. Department of Health and Human Services if it needs information to determine our compliance with federal privacy law.
- **Public health and safety:** We may disclose health information for public health or safety purposes, such as preventing disease, reporting adverse medication reactions, preventing or reducing a serious threat to health or safety, or complying with public health reporting obligations.
- **Abuse, neglect, or domestic violence:** We may disclose health information to appropriate authorities if required or permitted by law, including reports of suspected child abuse, elder abuse, dependent-adult abuse, neglect, or domestic violence.
- **Health oversight activities:** We may disclose health information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, discipline, or compliance reviews.
- **Judicial and administrative proceedings:** We may disclose health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only as permitted by law. When legally allowed and appropriate, we may attempt to notify you or seek protective measures before disclosing information.
- **Law enforcement:** We may disclose health information for certain law enforcement purposes, such as responding to lawful requests, reporting certain injuries or crimes, complying with court orders, or reporting a crime on our premises.
- **Coroners, medical examiners, and funeral directors:** We may disclose health information to coroners, medical examiners, or funeral directors when needed for them to perform duties authorized by law.
- **Organ and tissue donation:** We may disclose health information to organ procurement organizations or similar entities when applicable and permitted by law.
- **Workers' compensation:** We may disclose health information as authorized by and to the extent necessary to comply with workers' compensation or similar programs.
- **Specialized government functions:** We may disclose health information for certain specialized government functions, such as military, national security, protective services, or correctional-institution functions, when permitted or required by law.
- **Research:** We may use or disclose health information for research only when legally permitted, such as with your written authorization, with approval from an institutional review board or privacy board, or using de-identified information when allowed by law.
- **Prescription and medication safety:** When applicable, we may use or disclose health information to comply with laws governing prescriptions, controlled substances, prescription monitoring programs, medication safety, pharmacies, and related reporting obligations.

## 5. Uses and Disclosures Requiring Your Written Authorization

### Psychotherapy Notes

Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of a private counseling session and kept separate from the rest of the medical record. Most uses and disclosures of psychotherapy notes require your written authorization.

We may use or disclose psychotherapy notes without your authorization only in limited circumstances, such as:

- For use by the clinician who created the notes in treating you;
- For training or supervising mental health practitioners;
- To defend ourselves in a legal action or proceeding brought by you;
- For HHS to investigate our HIPAA compliance;
- When required by law;
- For certain health oversight activities involving the originator of the notes;
- To a coroner or medical examiner performing duties authorized by law; or
- To prevent or lessen a serious and imminent threat to health or safety.

### Substance Use Disorder Records and Counseling Notes

To the extent we create, receive, or maintain substance use disorder treatment records protected by 42 CFR Part 2, those records have additional federal confidentiality protections. Records subject to Part 2, or testimony describing their contents, generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or a court order that satisfies Part 2 requirements and is accompanied by a subpoena or other legal requirement compelling disclosure.

If you provide written consent for the use or disclosure of Part 2 records for treatment, payment, or health care operations, those records may be further used or disclosed by HIPAA-covered entities and business associates as permitted by HIPAA, unless a more restrictive law applies. You may revoke consent as permitted by law.

### Marketing, Testimonials, and Public Endorsements

We will not use or disclose your PHI for marketing purposes without your written authorization when authorization is required by law. A patient testimonial, review, photograph, video, or public-facing endorsement may reveal PHI even if you write or provide it voluntarily. We will obtain written authorization before posting or using patient-identifying testimonials, reviews, photographs, videos, or endorsements for marketing.

### Sale of PHI

We will not sell your PHI. If a transaction were ever considered a sale of PHI under HIPAA, we would obtain your written authorization before proceeding.

### Other Uses Not Described in This Notice

Uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.

## 6. Your Choices

### Family, Friends, Caregivers, and Others Involved in Your Care

You may tell us whether we may share health information with a family member, close friend, caregiver, or other person involved in your care or payment for your care. If you are unable to tell us your preference, such as in an emergency or if you are unconscious, we may share information if we believe it is in your best interest or necessary to lessen a serious and imminent threat to health or safety.

### Disaster Relief

We may share limited health information with disaster relief organizations when needed to help notify family or others involved in your care, unless you tell us not to when you are able to do so.

## **Fundraising**

We do not currently use PHI for fundraising. If we ever contact you for fundraising, you will have the right to opt out of future fundraising communications.

## **Hospital Directory**

We do not maintain a hospital directory.

## **7. Special Protections for Certain Information**

### **Mental Health Information**

Because we provide psychiatric and mental health services, your records may include sensitive mental health information. We will follow federal and California laws that provide greater privacy protection for mental health records, psychotherapy notes, and other sensitive information.

### **Minors and Personal Representatives**

A person with legal authority to act for you, such as a parent, guardian, conservator, health care agent, or person with medical power of attorney, may exercise rights regarding your health information when permitted by law. However, federal and California law may limit a parent's or representative's access when a minor has legal authority to consent to particular services or when confidentiality protections otherwise apply.

## **8. Your Rights**

You have the following rights regarding your health information. To exercise these rights, contact us using the information at the end of this Notice.

### **Right to Inspect and Get a Copy of Your Records**

You may ask to inspect or receive a paper or electronic copy of medical and billing records we maintain about you, subject to limited exceptions. This right generally does not include psychotherapy notes, information compiled for legal proceedings, or information that may be withheld under applicable law.

Where California law applies, we will generally make records available for inspection within five working days after receiving your written request and transmit copies within 15 days after receiving your written request. We may verify your identity before providing access. We may charge a reasonable, cost-based fee allowed by law for copies, mailing, electronic media, or an agreed-upon summary or explanation.

### **Right to Ask Us to Correct Your Record**

You may ask us to correct health information about you that you believe is incorrect or incomplete. We may deny your request in certain circumstances, but we will tell you why in writing, usually within 60 days.

### **Right to Request Confidential Communications**

You may ask us to contact you in a specific way or at a specific location, such as by phone, mail, patient portal, email, or another address. We will agree to reasonable requests.

### **Right to Request Restrictions**

You may ask us not to use or disclose certain health information for treatment, payment, or health care operations. We are not required to agree to every restriction, and we may deny a request if it would affect your care or if the law permits us to do so.

If you pay for a health care item or service out-of-pocket in full, you may ask us not to disclose information about that item or service to your health plan for payment or health care operations. We will agree unless a law requires us to share that information.

### **Right to an Accounting of Disclosures**

You may ask for a list of certain disclosures we have made of your health information. The accounting generally covers disclosures made during the six years before your request, except for disclosures for treatment, payment, health care operations, disclosures you authorized, and certain other disclosures excluded by law.

We will provide one accounting in any 12-month period at no charge. We may charge a reasonable, cost-based fee for additional accountings within the same 12-month period. Additional accounting rights may apply to certain Part 2-protected substance use disorder records where required by law.

### **Right to a Copy of This Notice**

You may ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.

### **Right to Choose Someone to Act for You**

If someone has legal authority to act for you, such as a medical power of attorney, guardian, conservator, or other personal representative, that person may exercise your rights and make choices about your health information as permitted by law. We may require proof of that authority before taking action.

### **Right to Revoke an Authorization**

If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. Your revocation will not affect uses or disclosures we already made in reliance on your authorization.

### **Right to File a Complaint**

You may file a complaint if you believe your privacy rights have been violated. You may complain to us using the contact information below. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a complaint.

## **9. Communications, Email, Texting, Portal, and Telehealth**

We may contact you by phone, voicemail, mail, email, text message, patient portal, or other communication methods for treatment, appointment reminders, billing, administrative matters, and other health care operations.

Standard email and text messaging may not be fully secure. You may ask us to communicate with you by a different method or at a different location. Do not use email, text, website forms, or portal messaging for emergencies. For emergencies, call 911 or go to the nearest emergency department.

## **10. Website, Online Forms, and Tracking Technologies**

This Notice applies to PHI we collect, use, or disclose as a health care provider. Our website may also collect non-treatment website information, such as information submitted through contact forms or technical information about website usage. Our separate Website Privacy Policy describes website privacy practices for visitors and online users.

If you submit health information through an online form, email, or other electronic method, we may treat that information as PHI once received by us for health care purposes. We recommend avoiding highly sensitive information in general website contact forms unless the form is clearly marked as secure and intended for clinical communication.

## **11. Changes to This Notice**

We may change the terms of this Notice at any time. Any changes will apply to all health information we maintain, including information created or received before the revised Notice. The current Notice will be available upon request, at our office, and on our website.

## **12. Questions and Complaints**

For questions about this Notice, to exercise your privacy rights, or to file a complaint with FORCE 10 Psychiatry, contact:

Privacy Contact  
FORCE 10 PSYCHIATRY, A NURSING CORPORATION  
101 Cooper Street, Santa Cruz, CA 95060  
Phone: (831) 200-4088  
Email: info@force10health.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by writing to:

U.S. Department of Health and Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 1-877-696-6775

We will not retaliate against you for filing a complaint.