

Notice of Privacy Practices

Crown Community Healthcare Center LLC

520 W. Palmdale Blvd., Suites E-I, Palmdale, CA 93551-4230

(661) 585-2233 | www.crownchc.com

Effective date: September 10, 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.

Crown Community Healthcare Center LLC (Crown CHC, we, or us) protects information about your health and the care you receive. This notice explains your rights, how we may use and share that information, and how to contact us. It applies to our workforce and people providing services on our behalf.

Your privacy rights

To exercise any right below, contact our Privacy Officer by calling (661) 585-2233 or writing to the address at the end of this notice. We will explain the process and help you make your request.

Inspect or obtain copies of your records. You may ask to see or receive a paper or electronic copy of health information in the records used to make decisions about your care or payment. Subject to lawful exceptions, we permit inspection within five working days and provide copies within 15 days after receiving your request, as California law requires. We provide your requested format when readily producible, or agree on another readable format. We charge only fees allowed by law, and provide records without charge when required. If access is denied, we explain the reason and any right to review.

Request a correction. You may ask us in writing to amend information you believe is incorrect or incomplete and explain why. We may deny a request in certain circumstances; we will explain a denial in writing and tell you how to submit a statement of disagreement. California law also lets you submit an addendum of up to 250 words for each item you believe is incomplete or incorrect.

Request confidential communications. Ask us to contact you in a particular way, such as at a specific telephone number or mailing address. We accommodate reasonable requests.

Request limits on sharing. You may ask us to limit uses or disclosures for treatment, payment, health care operations, or to people involved in your care. We are not required to agree to every request. We must agree not to disclose information about an item or service to your health plan for payment or health care operations when you or someone other than the plan pays for it in full, you request the restriction, and disclosure is not required by law.

Receive an accounting of disclosures. You may request a list of certain disclosures we made during the six years before your request, or a shorter period. The list generally excludes disclosures for treatment, payment, health care operations, to you, or with your authorization, and other disclosures excluded by law. The first accounting in a 12-month period is free. We will tell you about any permitted fee for additional requests before charging it.

Obtain this notice and use a representative. You may receive a free paper copy of this notice at any time, even if you accepted it electronically. A legally authorized personal representative may exercise your rights to the extent permitted by law. We verify the representative's authority.

How we use and share your information

We may use or disclose information for the purposes below when the applicable legal requirements are met. More protective federal and California laws can limit these permissions, especially for mental health, HIV-related, and substance use disorder records. Those additional protections apply to every category below.

Treatment. We use and share information to provide and coordinate care. For example, our clinicians may discuss your treatment plan or coordinate medication information with your primary care provider.

Payment. We use and share information to determine coverage, bill for services, and obtain payment. For example, a claim to your insurer may include your diagnosis and services provided.

Health care operations. We use and share information to run our center, train staff, review quality and safety, and improve services. For example, a clinical review may examine records to improve treatment. Contractors who handle protected information for us must protect it as required by law.

Care communications. We may contact you about appointments, treatment alternatives, and health-related benefits or services. We honor reasonable confidential-communication requests.

Public health and safety. We may report disease, suspected abuse or neglect, certain domestic violence, adverse drug reactions, and product problems; assist with recalls; and disclose information to prevent or lessen a serious and imminent threat to health or safety, when legally permitted or required.

Law and health oversight. We disclose information when required by law, including to the U.S. Department of Health and Human Services to review privacy compliance. We may disclose information to authorized oversight agencies for activities such as audits, licensing, inspections, and investigations.

Legal proceedings and law enforcement. We may respond to valid court or administrative orders or other lawful process only after applicable privacy requirements are met. A subpoena alone does not automatically authorize release. We may make limited disclosures for law enforcement purposes when the law permits. Special restrictions for Part 2 records are described below.

Other legally permitted purposes. We may disclose information for workers' compensation; qualifying research with required privacy safeguards; organ, eye, or tissue donation; or to coroners, medical examiners, or funeral directors performing authorized duties. Limited disclosures may also be permitted for military, national security, protective-service, or correctional-custody functions, subject to applicable law.

Your choices and written permission

People involved in your care. You may tell us whether to share relevant information with family, friends, or others involved in your care or payment, or for disaster relief. When you are present and able to decide, we give you an opportunity to agree or object. If you cannot express your wishes, we may make a limited disclosure in your best interests when the law allows. Stricter rules for sensitive records still apply.

Written authorization. Most uses or disclosures of separately maintained psychotherapy notes, marketing that requires authorization, and any sale of health information require your written authorization. Crown CHC does not sell your health information. We make other uses or disclosures not described in this notice only with your written authorization.

Changing your mind. You may revoke an authorization in writing by contacting the Privacy Officer. Revocation applies to future actions, except to the extent we have already relied on the authorization.

An optional authorization generally is not a condition of treatment, except in limited circumstances allowed by law.

Fundraising. We do not currently use protected health information for fundraising. If that practice changes, we will update this notice and explain how to opt out. Before using Part 2 records for fundraising, we would first give you a clear opportunity to decline fundraising communications.

Additional protections for sensitive records

California confidentiality protections. We follow the more protective law when it imposes stricter limits than HIPAA. California laws, including the Confidentiality of Medical Information Act and other applicable confidentiality laws, can require specific permission or additional safeguards for mental health and outpatient psychotherapy information, HIV test results, and other sensitive records. The general permissions above do not override those requirements. A general release does not authorize disclosure of separately maintained psychotherapy notes.

Substance use disorder records protected by 42 CFR Part 2. If we receive or maintain records from a program subject to Part 2, those records have additional federal protection. We use and disclose them only with a valid Part 2 consent or as Part 2 otherwise permits. If you consent to treatment, payment, and health care operations, a HIPAA covered entity or business associate receiving the records may redisclose them as HIPAA permits, subject to Part 2's restrictions on proceedings against you. A separate consent is generally required for separately maintained substance use disorder counseling notes.

Part 2 records, and testimony describing their contents, will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you without your written consent or a court order meeting Part 2 requirements. Before such a court order is issued, you or the record holder must receive notice and an opportunity to be heard as Part 2 provides. An order authorizing disclosure must also be accompanied by a subpoena or other legal requirement compelling disclosure. Consent for a proceeding must be separate from consent for other purposes. You may file a Part 2 privacy complaint using the contacts below.

Our duties and changes to this notice

We are required by law to maintain the privacy of your protected health information, give you notice of our legal duties and privacy practices, follow the notice currently in effect, and notify you as required

after a breach of unsecured protected health information. We use safeguards and limit access to people who need information for their work. We follow any valid restriction we agree to.

We may change this notice and apply its revised terms to information we already hold and information we receive in the future, as the law allows. A revised notice will show its effective date, be posted at our center and on www.crownchc.com, and be available free upon request.

Questions requests and complaints

Crown CHC Privacy Officer

Administrator, Crown Community Healthcare Center LLC
520 W. Palmdale Blvd., Suites E-I, Palmdale, CA 93551-4230
Telephone: (661) 585-2233
California Relay Service: 711
Website: www.crownchc.com

You may complain to us in person, by telephone, or in writing if you believe your privacy rights have been violated. You may also complain directly to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), including about Part 2 confidentiality. You do not have to complain to Crown CHC first.

HHS Office for Civil Rights

Complaint portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Mail: 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201
Telephone: 1-800-368-1019; TDD: 1-800-537-7697
Complaint information: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

We will not retaliate against you for filing a complaint or exercising your privacy rights. Free language assistance and appropriate auxiliary aids and accessible formats are available. Ask any staff member or call (661) 585-2233; relay users may dial 711. No signature on this website notice is required.