

Notice of Privacy Practices (NPP)

Synergy Natural Medicine Clinic – Notice of Privacy Practices, Effective October 15, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU MAY ACCESS THIS INFORMATION, AND YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. Our Commitment to Your Privacy

Synergy Natural Medicine Clinic is committed to protecting the privacy, security, and confidentiality of our patients' personal health information. This Notice describes how we may use and disclose your protected health information (PHI), your rights regarding that information, and our responsibilities under the Health Insurance Portability and Accountability Act (HIPAA), applicable California privacy laws, including the Confidentiality of Medical Information Act (CMIA), and other applicable federal and state requirements. We are committed to:

- Maintaining the privacy and security of your protected health information.
- Using and disclosing health information only as permitted or required by applicable law.
- Providing you with information about your privacy rights.
- Following the terms of the Notice currently in effect.
- Notifying affected individuals of breaches of unsecured protected health information when required by law.
- Respecting additional confidentiality protections applicable to sensitive medical information.

We reserve the right to revise this Notice as our practices or legal requirements change. Changes may apply to information we already maintain, as permitted by law. The current Notice will be available on our website, at our Clinic, and upon request.

2. Who This Notice Applies To

This Notice applies to Synergy Natural Medicine Clinic, including Dr. Jennifer Wicher, ND, other healthcare professionals practicing through the Clinic, and authorized employees, contractors, and administrative or clinical personnel who create, receive, maintain, or access patient health information as part of their responsibilities. It describes the privacy practices applicable to information maintained in the Clinic's electronic and paper medical record systems and other authorized clinical and administrative systems.

3. How We May Use and Disclose Your Health Information

We may use and disclose your protected health information for treatment, payment, and healthcare operations without separate written authorization when permitted by applicable law. Certain categories of sensitive information may require additional consent or authorization.

Treatment: We may use and share your health information to evaluate your health concerns, provide medical care, coordinate treatment, and communicate with other healthcare professionals involved in your care.

Examples include:

- Reviewing medical histories, examinations, laboratory results, and treatment plans.
- Ordering and reviewing laboratory and diagnostic testing.
- Communicating with laboratories, pharmacies, specialists, and other treating providers.
- Coordinating referrals, prescriptions, supplements, and follow-up care.
- Documenting clinical consultations, treatments, and telehealth appointments.
- Reviewing information you submit through our approved patient intake and medical history systems.

Payment

We may use and disclose health information for billing, invoicing, payment processing, accounting, and related activities. Synergy Natural Medicine Clinic is primarily a cash-pay practice and generally does not submit insurance claims on behalf of patients. At your request, we may prepare superbills or other documentation for possible submission to your health insurance plan.

Services Paid in Full Out of Pocket

If you pay in full out of pocket for a healthcare service, you may request that we not disclose information about that service to your health plan for payment or healthcare operations. We will honor qualifying requests unless disclosure is required by law.

Healthcare Operations

We may use and disclose information as reasonably necessary for lawful Clinic operations, including:

- Quality improvement and patient safety.
- Treatment review and clinical documentation.
- Training and supervision of authorized personnel.

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- Practice administration and management.
- Compliance, auditing, and record maintenance.
- Maintaining electronic health record systems and approved clinical technologies.
- Managing appointment scheduling and patient communications.

Appointment Reminders and Treatment Communications

We may contact you regarding appointments, laboratory results, treatment instructions, referrals, follow-up care, and other healthcare-related matters.

Communications may occur by telephone, voicemail, secure patient portal, email, or other Clinic-approved methods, subject to applicable privacy requirements.

You may request reasonable alternative methods of confidential communication.

Business Associates and Service Providers

We use third-party service providers for certain administrative and clinical functions, including electronic health records, scheduling, payment processing, patient communications, document management, and technology support. These providers are required to safeguard information as applicable to their services. When required by law, we enter into Business Associate Agreements or other appropriate confidentiality and security agreements.

4. Other Uses and Disclosures Permitted or Required by Law

Certain disclosures may be permitted or required without separate written authorization under applicable law. These may include:

- Public health reporting and disease prevention.
- Reporting suspected abuse, neglect, or domestic violence when authorized or required.
- Health oversight, licensing, audits, and regulatory investigations.
- Judicial or administrative proceedings subject to applicable legal requirements.
- Certain law enforcement requests.
- Workers' compensation matters.
- Reporting adverse events and product safety concerns.
- Certain legally authorized research activities.
- Organ or tissue donation activities.
- Disclosures to coroners, medical examiners, or funeral directors when authorized.
- Preventing or reducing a serious and imminent threat to health or safety.
- Other uses or disclosures expressly permitted or required by law.

These disclosures are subject to applicable federal and California privacy requirements, including additional protections for certain sensitive medical information. When the minimum-necessary rule applies, we make reasonable efforts to limit information to what is necessary for the permitted purpose.

5. Family Members and Others Involved in Your Care

You may tell us whether you want information about your healthcare shared with family members, close friends, caregivers, or other people involved in your treatment or payment for your care. When permitted by law, we may share information directly relevant to that person's involvement in your care. If you are unable to express your preference, limited information may be shared when legally permitted and determined to be in your best interest. Additional confidentiality protections may apply to certain medical records, sensitive health information, or services involving minors.

6. Clinic Updates, Health Education, and Marketing Communications

Synergy Natural Medicine Clinic may communicate with patients about services offered by the Clinic, treatment options, healthcare providers, equipment, educational programs, office updates, health-related events, and other information relevant to the Clinic's healthcare services. We may also provide general health education, wellness information, appointment reminders, and communications regarding treatment options or services relevant to your care.

Some communications about our own health-related services or products, treatment, care coordination, and healthcare operations may be permitted without separate written HIPAA marketing authorization. We will obtain written authorization before using or disclosing protected health information for marketing activities when authorization is required by HIPAA or other applicable law. We will not sell protected health information or disclose it for another organization's independent marketing purposes without the authorization required by law. If a communication involves financial remuneration from a third party, we will comply with any additional applicable marketing authorization requirements.

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You may request to stop receiving optional newsletters, promotional announcements, or other nonessential Clinic communications. We will honor applicable unsubscribe or opt-out requests. Opting out of optional communications will not prevent us from contacting you for treatment, scheduling, billing, or other permitted healthcare purposes. If the Clinic conducts fundraising activities involving protected health information, we will comply with applicable notice and opt-out requirements.

7. Uses and Disclosures Requiring Your Written Authorization

Certain uses and disclosures of health information require your written authorization unless otherwise permitted or required by law. Examples may include:

- Marketing activities requiring authorization.
- Sale of protected health information.
- Most uses or disclosures of psychotherapy notes, if applicable.
- Certain disclosures of sensitive records protected by additional laws.
- Other uses or disclosures not otherwise permitted by law.

You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it or another legal exception applies.

We will not condition treatment on an authorization unless specifically permitted by applicable law.

8. Additional Protections for Sensitive Health Information

Certain types of medical information receive additional confidentiality protections under federal or California law.

These may include:

- Mental health records.
- Substance use disorder records.
- HIV-related information.
- Certain reproductive and other sensitive medical information.
- Records involving healthcare services for which minors may independently consent under California law.

We will follow applicable additional protections when using, maintaining, or disclosing these records.

Substance Use Disorder Records Protected Under 42 CFR Part 2

Certain substance use disorder treatment records are subject to federal confidentiality protections under 42 CFR Part 2. These rules may apply to records received or maintained by the Clinic even when the Clinic is not itself a federally assisted substance use disorder treatment program. When Part 2 applies, we will use and disclose the records only as permitted by the applicable requirements, including obtaining patient consent when required. A qualifying patient consent may authorize certain future uses and disclosures for treatment, payment, and healthcare operations. HIPAA-covered entities and business associates receiving records under a qualifying consent may generally redisclose them as permitted by HIPAA, subject to the additional Part 2 restrictions. Part 2 records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against a patient without the specific patient consent or court authorization and related legal process required by federal law.

Separate consent requirements may apply to substance use disorder counseling notes covered by Part 2. If the Clinic uses Part 2 records for fundraising, patients will receive the advance notice and opportunity to decline such communications required by applicable law. Patients may exercise additional rights regarding Part 2 records where applicable, including requesting permitted restrictions and obtaining information about certain disclosures.

9. Electronic Health Records, Patient Communications, and Telehealth

Electronic Health Records and Jane App

Synergy Natural Medicine Clinic maintains patient health information electronically and, when appropriate, in paper form. The Clinic is transitioning to Jane App as its electronic health record and practice management system. Once implemented, Jane App will be used for functions that may include:

- Maintaining electronic medical records.
- Collecting patient intake forms and medical histories.
- Scheduling and managing appointments.
- Documenting examinations, diagnoses, treatments, and recommendations.
- Managing treatment-related records and clinical communications.
- Supporting billing and other authorized practice management activities.

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Information submitted through the Clinic's approved electronic intake system may become part of your medical record. We use administrative, technical, and physical safeguards intended to protect patient information against unauthorized access, use, or disclosure. Our safeguards include access restrictions and appropriate confidentiality procedures. No electronic system can be guaranteed to be completely free from technical failure or unauthorized access.

Public Website and Patient Privacy

Our public website, hosted by Wix, is primarily intended to provide general information about the Clinic, its healthcare services, and how to contact us. The public website is not intended to collect medical histories, confidential clinical questions, or other protected health information through general website forms. Patients should not send confidential medical information through ordinary website contact methods or unsecured email. For medical questions, medical records, or confidential patient communications, please contact the Clinic by telephone or use a Clinic-approved secure communication method. Our public website and our clinical electronic health record system serve different functions. Medical information provided through the Clinic's approved electronic intake and clinical systems is handled according to applicable confidentiality and security requirements.

Electronic Patient Communications

We may communicate with patients through telephone, voicemail, email, secure patient portals, and other approved methods. Electronic communications may involve risks, including misdirected messages, unauthorized access, or interception. We take reasonable steps to protect confidential patient communications and follow applicable privacy and security requirements. You may request reasonable alternative communication methods or ask that communications be directed to a particular telephone number, email address, or mailing address. We will accommodate reasonable confidential-communication requests as required by law.

Telehealth Services: Synergy Natural Medicine Clinic provides telehealth services when clinically appropriate and legally permitted. Telehealth services may include:

- Video consultations using real-time audio and video communication.
- Telephone or audio-only consultations.

During telehealth appointments, we may collect, use, document, and disclose health information for treatment, payment, healthcare operations, and other purposes permitted by applicable law. The privacy and confidentiality requirements that apply to in-person care also apply to telehealth services. We use approved technologies and reasonable safeguards intended to protect patient information. Patients are encouraged to participate in telehealth visits from a reasonably private location and use secure devices and internet connections when possible. We may verify your identity and physical location when appropriate for clinical care, safety, or legal compliance.

Telehealth Recordings

The Clinic does not routinely audio- or video-record telehealth appointments. If recording is proposed, we will provide appropriate notice and obtain consent or authorization when required by applicable law. Relevant clinical information from telehealth appointments may be documented in your medical record.

Technical Problems and Privacy Concerns

Technical interruptions may require reconnecting, changing communication methods, rescheduling, or arranging an in-person appointment. You may contact the Clinic's Privacy Officer with questions regarding electronic communications, telehealth privacy, or confidential communication alternatives.

10. Your Rights Regarding Your Health Information: You have important rights regarding health information maintained by the Clinic, subject to applicable legal requirements and exceptions.

Right to Access Your Medical Records: You may request to inspect or obtain an electronic or paper copy of medical records to which you are legally entitled. Under California law, patients generally have the right to inspect eligible records within five working days and receive requested copies within 15 days, subject to applicable requirements and exceptions. We will respond within the time limits required by applicable law. Any copying or related fees will be limited to amounts permitted by law.

Right to Request Corrections: You may request an amendment to information in your medical record that you believe is inaccurate or incomplete. We will review your request and respond as required by law. If an amendment request is denied, we will explain the reason and inform you of any additional rights available.

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Right to Request Confidential Communications: You may request that the Clinic communicate with you through a particular telephone number, mailing address, or other reasonable method. We will accommodate reasonable requests as required by law.

Right to Request Restrictions: You may ask us to restrict certain uses or disclosures of your protected health information for treatment, payment, or healthcare operations. We are not required to agree to every requested restriction. However, we will honor restrictions required by law, including qualifying requests concerning services paid in full out of pocket.

Right to an Accounting of Disclosures: You may request an accounting of certain disclosures of your protected health information during the period permitted by law, generally up to six years. Certain disclosures, including many made for treatment, payment, and healthcare operations, are excluded from the standard accounting requirement. The first accounting within a 12-month period is generally provided without charge. Additional requests may be subject to reasonable fees when permitted by law.

Right to Receive a Copy of This Notice: You may request a paper copy of this Notice at any time, even if you have previously agreed to receive it electronically. The current Notice is available at the Clinic and on our website.

Right to a Personal Representative: A legally authorized personal representative may exercise certain privacy rights on your behalf, subject to applicable law. We may request documentation verifying that person's authority.

Right to Be Notified of Certain Breaches: If unsecured protected health information is breached, we will provide notifications required by applicable federal and California law.

Right to File a Complaint: You may file a complaint if you believe your privacy rights have been violated. You may contact the Clinic's Privacy Officer or 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 or exercising your privacy rights.

11. Our Responsibilities Regarding Information Security

The Clinic is responsible for maintaining appropriate safeguards for protected health information in accordance with applicable law.

These responsibilities include:

- Maintaining administrative, technical, and physical safeguards.
- Limiting access to authorized individuals.
- Addressing privacy and security concerns.
- Managing electronic records and approved technologies.
- Responding to suspected privacy and security incidents as required.
- Maintaining appropriate policies, procedures, and staff training.

Detailed internal procedures concerning electronic security, personnel access, system configurations, data backup, and incident response are maintained separately from this patient Notice.

We are not required to disclose confidential technical details of our internal systems in this Notice.

12. Record Retention

Patient medical records are retained and disposed of in accordance with applicable federal and California requirements and the Clinic's record-management policies.

Records may be maintained electronically or in paper form.

When records are transferred between authorized recordkeeping systems, we take reasonable steps to maintain their confidentiality, integrity, and accessibility.

13. Changes to This Notice

We reserve the right to revise this Notice when our privacy practices, technology, or legal obligations change. As permitted by law, revised terms may apply to information previously collected or maintained. Updated Notices will be available on our website, at the Clinic, and upon request.

The effective date of the current Notice appears at the beginning of this document.

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14. Privacy Officer and Clinic Contact Information

Privacy Officer: Dr. Jennifer Wicher, ND

Synergy Natural Medicine Clinic

698 West Foothill Boulevard, Monrovia, CA 91016

Telephone: (626) 303-3300

Email: drwicher@synergynaturalmedicine.com

Website: www.synergynaturalmedicine.com

Questions regarding this Notice, requests to exercise privacy rights, confidential communication requests, and privacy-related complaints may be directed to the Clinic's Privacy Officer.

15. Federal Privacy Complaints: You may also submit a privacy complaint to:

U.S. Department of Health and Human Services

Office for Civil Rights, 200 Independence Avenue, S.W.

Washington, DC 20201

Telephone: 1-877-696-6775

Website: www.hhs.gov/hipaa/filing-a-complaint

You will not be retaliated against for filing a privacy complaint.

SYNERGY NATURAL MEDICINE CLINIC

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that Synergy Natural Medicine Clinic has made its Notice of Privacy Practices available to me and provided me with an opportunity to review it. I understand that the Notice explains how my protected health information may be used and disclosed, describes my privacy rights, and explains the Clinic's responsibilities regarding the protection of my health information.

I understand that I may request a paper copy of the Notice at any time. The Notice is also available online at: <https://www.synergynaturalmedicine.com/notice-of-privacy-practices>

My signature acknowledges that I have received or been offered the Notice of Privacy Practices. It does not constitute consent to medical treatment or authorization for any additional use or disclosure of my health information. I understand that signing this acknowledgment is voluntary and that declining to sign will not prevent me from receiving treatment.

Patient Name/Legal Guardian: _____

Patient/Legal Guardian Signature: _____ **Date:** _____

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Complete this section if the patient or legal guardian does not sign the acknowledgment.

Date Notice was provided or made available: _____

Reason acknowledgment was not obtained (circle one or note):

- Patient or legal guardian declined to sign.
- Patient or legal guardian was unable to sign.
- Other: _____

Staff Name / Initials: _____ **Date:** _____
